

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE 13 JAN 31 4:55 PM 12 FE 4 M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

Friends of Connie Mack, Inc.

ADDRESS (number and street)

P.O. Box 519

Check if different than previously reported. (ACC)

Naples

FL

34106

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00391243

3. IS THIS REPORT

NEW

(N)

OR

AMENDED (A)

FL

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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

MM/DD/YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

11/27/2012

through

12/31/2012

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

Craig Engle

Craig Engle (handwritten signature)

Date

01/31/2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

15020070090

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name  
**Friends of Connie Mack, Inc.**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
 11 / 27 / 2012

To:

M M / D D / Y Y Y Y  
 12 / 31 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	3734.00	6852844.16
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	45736.72
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3734.00	6807107.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	258303.76	7540295.79
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	15293.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	258303.76	7525002.41
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	155076.64	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	81880.99	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

15020070691

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Connie Mack, Inc.

Report Covering the Period: From:

MM / DD / YYYY  
11 / 27 / 2012

To:

MM / DD / YYYY  
12 / 31 / 2012

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) .....	550.00	4915566.90
(ii) Unitemized .....	3184.00	954750.32
(iii) TOTAL of contributions from individuals .....	3734.00	5870317.22
(b) Political Party Committees .....	0.00	44500.00
(c) Other Political Committees (such as PACs) .....	0.00	938026.94
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) ..	3734.00	6852844.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	421704.78
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	15293.38
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) .....	3734.00	7289842.32

13020070592

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	258303.76	7540295.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	18000.00
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	45736.72
(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	45736.72
21. OTHER DISBURSEMENTS.....	0.00	14595.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	258303.76	7618627.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	409646.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3734.00
25. SUBTOTAL (add Line 23 and Line 24).....	413380.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	258303.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	155076.64

13020070093

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 45	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Full Name (Last, First, Middle Initial) <b>Augusta H Petrone</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address PO Box 1037		Transaction ID : AFE221B23AABC4456A11
City Dublin	State NH	Zip Code 03444-1037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Homemaker	Occupation Homemaker	General 2012 Debt
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Jack E Sims</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 1624 Bomi Circle		Transaction ID : A952CCAB302C84A968EA
City Winter Park	State FL	Zip Code 32792-6315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	General 2012 Debt
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	550.00

13020070594

**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

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 1100 Connecticut Ave NW		Amount of Each Disbursement this Period 232.95 Transaction ID : BB6A5BE4CBE564B82B39
City Washington State DC Zip Code 20036	Purpose of Disbursement Bank Fees	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Jackson-Alvarez Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address Gary Maloney PO Box 7272		Amount of Each Disbursement this Period 97.40 Transaction ID : BCA9882DFF8E24489BDC
City Mc Lean State VA Zip Code 22106	Purpose of Disbursement Research and communications services	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 51.13 Transaction ID : B9384B86A8DFA41B38C1
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

381.48

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

15020070005

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 31 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 22.32 Transaction ID : BC911514354C4453299B
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jeff Bechdel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 31 2012
Mailing Address 1410 North Scott Street, #954		Amount of Each Disbursement this Period 754.80 Transaction ID : B5477E7C47D9245B4BE6
City Arlington	State VA Zip Code 22209-2982	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shred-It</b>		Date of Disbursement M M / D D / Y Y Y Y 12 07 2012
Mailing Address 1885 SR 84, Ste 106		Amount of Each Disbursement this Period 226.00 Transaction ID : B8BD7DDED664048CD823
City Ft Lauderdale	State FL Zip Code 33315-2243	
Purpose of Disbursement Debt Repayment: shredding service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

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

1003.12

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

15020070696

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) <b>A. The Jackson-Alvarez Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address Gary Maloney PO Box 7272		Amount of Each Disbursement this Period 2800.00 Transaction ID : B076E8B94C1CD4ED88F2
City Mc Lean	State VA	
Purpose of Disbursement Debt Repayment: Research and communications services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Auto Owners Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107		Amount of Each Disbursement this Period 176.64 Transaction ID : B0B63225A788049319CF
City Cape Coral	State FL	
Purpose of Disbursement Debt Repayment: Campaign Car Insurance		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. David L. Andrukitis, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address Printing & Mailing Services 50 E Street SE		Amount of Each Disbursement this Period 1438.95 Transaction ID : B5101AA6597DD4288B5E
City Washington	State DC	
Purpose of Disbursement Debt Repayment: Printing Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4415.59
<b>TOTAL</b> This Period (last page this line number only).....	

15620070697



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Olin Hill</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2012	
Mailing Address PO Box 151346		Amount of Each Disbursement this Period 2362.80 Transaction ID : B8A510A95DFB6491D9AF	
City Cape Coral	State FL		Zip Code 33915
Purpose of Disbursement Debt Repayment: Insurance Premium			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Ford Credit</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012	
Mailing Address PO Box 105697		Amount of Each Disbursement this Period 844.98 Transaction ID : B0F5B4D34F580422BA9D	
City Atlanta	State GA		Zip Code 30348-5697
Purpose of Disbursement Debt Repayment: Campaign Car Lease			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens Helping Heroes Inc</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2012	
Mailing Address 1712 Carey Ave, Suite 100		Amount of Each Disbursement this Period 2500.00 Transaction ID : BF072136F9B684402A18	
City Cheyenne	State WY		Zip Code 82001-4468
Purpose of Disbursement Debt Repayment: Event Sponsorship			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

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

5707.78

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

13020070698

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Chase Kulp</b>		Date of Disbursement MM/DD/YYYY 11/28/2012
Mailing Address 1420 NE 41 Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : B38705D3734054E93A55
City Oakland Park	State FL	
Purpose of Disbursement Debt Repayment: Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Scott Price</b>		Date of Disbursement MM/DD/YYYY 12/05/2012
Mailing Address 1946 SW 20th St		Amount of Each Disbursement this Period 2094.38 Transaction ID : BB7093DC82CE1449BA0B
City Miami	State FL	
Purpose of Disbursement Debt Repayment: Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Victor Alonso</b>		Date of Disbursement MM/DD/YYYY 12/05/2012
Mailing Address 9362 SW 97th Ct.		Amount of Each Disbursement this Period 856.62 Transaction ID : B7E40D2041EA24A86BBC
City Miami	State FL	
Purpose of Disbursement Debt Repayment: Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3951.00
<b>TOTAL</b> This Period (last page this line number only).....	

1562007655

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ashley Helms</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 2033 Poinsett Drive		Amount of Each Disbursement this Period 1264.82 Transaction ID : B01F9340B758041DA808
City Rock Hill	State SC	
Zip Code 29732-1245	Purpose of Disbursement Debt Repayment: Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chase Kulp</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 1420 NE 41 Street		Amount of Each Disbursement this Period 2094.38 Transaction ID : BBD2CC691240549428F2
City Oakland Park	State FL	
Zip Code 33334-4659	Purpose of Disbursement Debt Repayment: Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cheryl Seinfeld</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 15 Portside Dr		Amount of Each Disbursement this Period 4962.54 Transaction ID : BD961A6D491F74F609FB
City Fort Lauderdale	State FL	
Zip Code 33316-3009	Purpose of Disbursement Debt Repayment: Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

8321.74

13020070700

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Brett Heil</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012	
Mailing Address 11131 NW 18th Pl		Amount of Each Disbursement this Period 2358.75 Transaction ID : B848D14807AF84119A3A	
City Pembroke Pines	State FL		Zip Code 33026-2215
Purpose of Disbursement Debt Repayment: Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Anna Mancuso</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012	
Mailing Address 9760 Pavarotti Terr Unit 104		Amount of Each Disbursement this Period 3565.72 Transaction ID : B7817E7C9C42D4EB59B9	
City Boynton Beach	State FL		Zip Code 33437-3384
Purpose of Disbursement Debt Repayment: Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Ed Miyagishima</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012	
Mailing Address 3550 Esplanade Way #12215		Amount of Each Disbursement this Period 5903.12 Transaction ID : BE111C9A8179F4604A4F	
City Tallahassee	State FL		Zip Code 32311-3758
Purpose of Disbursement Debt Repayment: Payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	11827.59
<b>TOTAL</b> This Period (last page this line number only) .....	

15020070701

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 45

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) <b>A. Mr. Jeffrey M. Cohen</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 130 Lillian Ave		Amount of Each Disbursement this Period 20768.21 Transaction ID : BFF838117F96D4ADD96C
City Severn	State MD	
Purpose of Disbursement Debt Repayment: Payroll and Lodging Stipend		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Nilda Pedrosa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 4901 Alhambra Cir.		Amount of Each Disbursement this Period 6378.42 Transaction ID : B6C3F7D6019574228A56
City Coral Gables	State FL	
Purpose of Disbursement Debt Repayment: Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. David James</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 401 12th St S. #1102		Amount of Each Disbursement this Period 3543.89 Transaction ID : BB113DBDD43464BA3BA1
City Arlington	State VA	
Purpose of Disbursement Debt Repayment: Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

30690.52

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

13020570702

**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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 180.91 Transaction ID : B8411AE4FFD074C849BC
City Farifax	State VA	
Purpose of Disbursement Debt Repayment: Payroll Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 17120.67 Transaction ID : BBD3D20689C3A475DBB7
City Farifax	State VA	
Purpose of Disbursement Debt Repayment: Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2012
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 25.00 Transaction ID : B81FA4E9CB3AC4C55A22
City Farifax	State VA	
Purpose of Disbursement Debt Repayment: Payroll Service		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

17326.58

13020070703

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2012	
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 55.27 Transaction ID : B6592337C1C1C420591A	
City Farifax	State VA		Zip Code 22031
Purpose of Disbursement Debt Repayment	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012	
Mailing Address P. O. Box 360002		Amount of Each Disbursement this Period 70025.19 Transaction ID : BD02CE68CA8C54EE5AE6	
City Fort Lauderdale	State FL		Zip Code 33336
Purpose of Disbursement Debt Repayment: CREDIT CARD: SEE BELOW	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. MailChimp</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012	
Mailing Address 512 Means St. Suite 404		Amount of Each Disbursement this Period 200.00 Transaction ID : BF8E49FE8B7684C87940 [MEMO ITEM]	
City Atlanta	State GA		Zip Code 30318
Purpose of Disbursement voicemail service	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70080.46
<b>TOTAL</b> This Period (last page this line number only).....	

13626670704

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Eager Beaver Car Wash</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 12330 S. Cleveland		Amount of Each Disbursement this Period 180.19 Transaction ID : B53EC6C55C8BA4F29ADF
City Fort Myers	State FL	
Zip Code 33907-3844	Purpose of Disbursement fuel	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Safelite Autoglas</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2231 Schrock Road		Amount of Each Disbursement this Period 438.73 Transaction ID : B2D775EEB2FDE4BAA937
City Columbus	State OH	
Zip Code 43229-1547	Purpose of Disbursement auto repair	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Stonewood Grill</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 1210 S International Pkwy		Amount of Each Disbursement this Period 466.57 Transaction ID : B147908F066D249CE849
City Heathrow	State FL	
Zip Code 32746-1686	Purpose of Disbursement catering/meals	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

15028070705



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Publix Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address Multiple Locations		Amount of Each Disbursement this Period 157.33
City Fort Myers	State FL	
Zip Code 33919	Purpose of Disbursement meals	Transaction ID : B53A75F388EC64CE88C6
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cheesecake Factory</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 1900 Tamiami Trail, N		Amount of Each Disbursement this Period 312.44
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement meals	Transaction ID : BFD023638FD3B42AC95E
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Westin Colonnade</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 180 Aragon Avenue		Amount of Each Disbursement this Period 441.40
City Coral Gables	State FL	
Zip Code 33134	Purpose of Disbursement lodging	Transaction ID : B8532EFEC9A9A410688C
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

13020070706

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Exxonmobil</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 5098 Airport Pulling Rd N		Amount of Each Disbursement this Period 157.93 Transaction ID : B398F0DF24BDD43BFB3B
City Naples	State FL	
Zip Code 34105	Purpose of Disbursement fuel	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 759.31 Transaction ID : BB0CF5B5416D549C0829
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement telecommunication expense	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Florida Business Information, Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address PO Box 193		Amount of Each Disbursement this Period 125.00 Transaction ID : BEBCE9F78F93946FA821
City Bell	State CA	
Zip Code 32619-0193	Purpose of Disbursement newspaper clipping	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

13020070707

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

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

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 1164.00 Transaction ID : B46AC368F501840EBA38
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement train travel	
Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 7-eleven</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 15021 McGregor Blvd.		Amount of Each Disbursement this Period 802.61 Transaction ID : B6FA853615FFE402787B
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement fuel	
Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 2774 East Colonial Drive		Amount of Each Disbursement this Period 158.14 Transaction ID : BAA04121962A24CECA8B
City Orlando State FL Zip Code 32803	Purpose of Disbursement office supplies	
Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

13626676768

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Hillstone</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 201 Miracle Mile		Amount of Each Disbursement this Period 332.56
City Coral Gables	State FL	
Zip Code 33134-5907	Purpose of Disbursement meals	Transaction ID : BD67A298954384581A86
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency Coconut Point</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 5001 Coconut Road		Amount of Each Disbursement this Period 23349.96
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement lodging, event space rental, catering	Transaction ID : BF0D723ADA2474107857
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) <b>C. Shamrock Rentals</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2280 Southwest 32nd Ave.		Amount of Each Disbursement this Period 3220.50
City Miami	State FL	
Zip Code 33145-3179	Purpose of Disbursement event rentals	Transaction ID : BA213D9C03360409D8A4
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		0.00
<b>TOTAL</b> This Period (last page this line number only).....		

15026070709

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>19</td> <td>2012</td> </tr> </table>	M M	D D	Y Y Y Y	12	19	2012
M M	D D	Y Y Y Y						
12	19	2012						
Mailing Address <b>1050 Connecticut Ave, NW</b>		Amount of Each Disbursement this Period <b>374.20</b>						
City <b>Washington</b>	State <b>DC</b>							
Zip Code <b>20036</b>		Transaction ID : <b>BB10C57D5E9CC41A2A2B</b>						
Purpose of Disbursement <b>shipping</b>								
Candidate Name		[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>19</td> <td>2012</td> </tr> </table>	M M	D D	Y Y Y Y	12	19	2012
M M	D D	Y Y Y Y						
12	19	2012						
Mailing Address <b>Multiple Locations</b>		Amount of Each Disbursement this Period <b>552.29</b>						
City <b>Miami</b>	State <b>FL</b>							
Zip Code <b>33142</b>		Transaction ID : <b>B3F58813472A64201AD0</b>						
Purpose of Disbursement <b>fuel</b>								
Candidate Name		[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

Full Name (Last, First, Middle Initial) <b>C. Homewood Suites</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>19</td> <td>2012</td> </tr> </table>	M M	D D	Y Y Y Y	12	19	2012
M M	D D	Y Y Y Y						
12	19	2012						
Mailing Address <b>333 Southwest 42 St.</b>		Amount of Each Disbursement this Period <b>569.67</b>						
City <b>Gainesville</b>	State <b>FL</b>							
Zip Code <b>32607-2768</b>		Transaction ID : <b>BF10B9AB5370F4DD693F</b>						
Purpose of Disbursement <b>lodging</b>								
Candidate Name		[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State:	District:							

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

15020070710

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Avis Rent-a-car</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 6 Sylvan Way		Amount of Each Disbursement this Period 805.17
City Parsippany	State NJ	
Zip Code 07054		Transaction ID : BD6E5BFE584684BDF906
Purpose of Disbursement car rental		
Candidate Name		Category/ Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. National Car Rental</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 6292 North Lakewood Ave Suite 100		Amount of Each Disbursement this Period 1203.10
City Tulsa	State OK	
Zip Code 74117-1808		Transaction ID : B1551A8C7670E4DD991A
Purpose of Disbursement car rental		
Candidate Name		Category/ Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Chevron Gas</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 4030 Boatsway Road		Amount of Each Disbursement this Period 326.97
City Fort Myers	State FL	
Zip Code 33908		Transaction ID : BF8C1DCFA428C44FA87E
Purpose of Disbursement fuel		
Candidate Name		Category/ Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

15020070711

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Oviedo Tovin</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 325 Aulin Ave.		Amount of Each Disbursement this Period 258.50 Transaction ID : B5018963199434422AF9
City Oviedo	State FL	
Zip Code 32765-9401		Category/ Type [MEMO ITEM]
Purpose of Disbursement car servicing		
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Walgreen's</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 1525 Colonial Blvd.		Amount of Each Disbursement this Period 151.51 Transaction ID : B2C788CF39F90494AAB6
City Fort Myers	State FL	
Zip Code 33907-1021		Category/ Type [MEMO ITEM]
Purpose of Disbursement meals/supplies		
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capital Grille</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2223 N Westshore Blvd. Ste. B228		Amount of Each Disbursement this Period 1698.17 Transaction ID : BE9B6317DB5624D8B917
City Tampa	State FL	
Zip Code 33607		Category/ Type [MEMO ITEM]
Purpose of Disbursement meals/catering		
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

13020070712

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Residence Inns</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 11450 Marbella Palm Court		Amount of Each Disbursement this Period 445.52 Transaction ID : B1F1029AF80F344DB8B3
City Orlando	State FL	
Zip Code 32836-6234	Purpose of Disbursement lodging	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hampton Inn Melbourne</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 8298 North Wickham Road		Amount of Each Disbursement this Period 720.42 Transaction ID : BEE6506BD1F9F4F70BDA
City Melbourne	State FL	
Zip Code 32940-7923	Purpose of Disbursement lodging	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 267.10 Transaction ID : B4AFFB083A3724B5B882
City Fort Myers	State FL	
Zip Code 33912	Purpose of Disbursement office supplies	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

13020070713



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. Hertz Rent-a-car</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address PO Box 26120		Amount of Each Disbursement this Period 1123.88 Transaction ID : BD88E0A0849764D41ADE
City Oklahoma City	State OK	
Zip Code 73126		
Purpose of Disbursement car rental		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Hilton Hotels</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 1751 Hotel Plaza Blvd		Amount of Each Disbursement this Period 221.76 Transaction ID : BEFD2B2511B5C413486F
City Orlando	State FL	
Zip Code 32830		
Purpose of Disbursement lodging		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Yuma Solutions, Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 1482.75 Transaction ID : B05CE806B66AD4B6A9F3
City Tallahassee	State FL	
Zip Code 32308		
Purpose of Disbursement technology services		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

13020070714

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) <b>A. Pinchers Crab Shack</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 13021 N. Cleveland Ave.		Amount of Each Disbursement this Period 158.00 Transaction ID : BACA2B4059BB2466A9B6
City North Fort Myers	State FL	
Zip Code 33903	Purpose of Disbursement meals	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Undo's</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 51130 National Rd. E		Amount of Each Disbursement this Period 1650.37 Transaction ID : BB63EA60C7EF2421E956
City Saint Clairsville	State OH	
Zip Code 43950-9118	Purpose of Disbursement meals/catering	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Flying J</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address Multiple Locations		Amount of Each Disbursement this Period 13.05 Transaction ID : BA2B0A39EF9EC4CBA972
City Dade City	State FL	
Zip Code 33576	Purpose of Disbursement fuel	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

13020070715

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement 12 / 19 / 2012
Mailing Address Multiple Locations		
City Palm Beach Gardens	State FL	Zip Code 33410
Purpose of Disbursement cable		Amount of Each Disbursement this Period 996.20
Candidate Name	Category/ Type	Transaction ID : B2B9A74D4CA4D439DDB4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Limos.com</b>		Date of Disbursement 12 / 19 / 2012
Mailing Address 2 Embarcadero Center, Suite 1070		
City San Francisco	State CA	Zip Code 94111-3814
Purpose of Disbursement car service		Amount of Each Disbursement this Period 321.75
Candidate Name	Category/ Type	Transaction ID : BF62B7D7CC48A44D5AC0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Priceline</b>		Date of Disbursement 12 / 19 / 2012
Mailing Address 800 Connecticut Ave.		
City Norwalk	State CT	Zip Code 06854
Purpose of Disbursement air travel		Amount of Each Disbursement this Period 236.76
Candidate Name	Category/ Type	Transaction ID : BF7C3AE97F0594764904
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

13020070716

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Homewood Suites</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 1201 King Ave.		Amount of Each Disbursement this Period 586.47 Transaction ID : B3A4658FEC21E489886F
City Jacksonville	State FL Zip Code 32207-8686	
Purpose of Disbursement lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Marriott Boca Raton</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 5150 Town Center Circle		Amount of Each Disbursement this Period 1280.61 Transaction ID : B835DAE7858424E2FBF6
City Boca Raton	State FL Zip Code 33486-1013	
Purpose of Disbursement lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. The Stratics Group</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 3814 Gunn Highway, Suite A		Amount of Each Disbursement this Period 1148.30 Transaction ID : B4E394D9508B5457598C
City Tampa	State FL Zip Code 33618-8789	
Purpose of Disbursement campaign communications consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

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

13020070717

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Amoco Food Mart</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 8901 Davis Blvd		
City Naples	State FL	Zip Code 34104-5403
Purpose of Disbursement fuel		Amount of Each Disbursement this Period 297.59
Candidate Name	Category/ Type	Transaction ID : B3BB4D18302544F21B9E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chick-fil-a</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 1874 Tamiami Trl N		
City Naples	State FL	Zip Code 34102
Purpose of Disbursement meals		Amount of Each Disbursement this Period 194.11
Candidate Name	Category/ Type	Transaction ID : BE9CB22F17FF34AB99B1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address P. O. Box 36647		
City Dallas	State TX	Zip Code 75234
Purpose of Disbursement air travel		Amount of Each Disbursement this Period 761.20
Candidate Name	Category/ Type	Transaction ID : B644BFD97A24644BAB25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

13020070718

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Renaissance Tampa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 4200 Jim Walter Boulevard		Amount of Each Disbursement this Period 364.62
City Tampa	State FL	
Zip Code 33607-5778		
Purpose of Disbursement lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address P. O. Box 8229		Amount of Each Disbursement this Period 1349.06
City Aurora	State IL	
Zip Code 60572		
Purpose of Disbursement telecommunication expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tavern On The Bay</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 489 Bayfront Pl		Amount of Each Disbursement this Period 618.14
City Naples	State FL	
Zip Code 34102		
Purpose of Disbursement meals/catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

15B20070718

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sheraton</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 400 West Livingston Ave.		Amount of Each Disbursement this Period 284.39 Transaction ID : B263DDBBB62A74B1492E
City Orlando	State FL	
Zip Code 32801-1414	Purpose of Disbursement lodging	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2241 Park 82 Drive		Amount of Each Disbursement this Period 52.60 Transaction ID : B2A598DC32A9E46C1BC6
City Fort Myers	State FL	
Zip Code 33905	Purpose of Disbursement fuel	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Embassy Suites Tampa</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 513 South Florida Ave.		Amount of Each Disbursement this Period 827.59 Transaction ID : BAB09E4BB7448422B90B
City Tampa	State FL	
Zip Code 33602-5419	Purpose of Disbursement lodging	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

15020070720

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 45

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) <b>A. Bricktops</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 5555 Tamiami Trl N		Amount of Each Disbursement this Period 237.80
City Naples	State FL	
Purpose of Disbursement meals		Transaction ID : BC3619022414C4D9B9C0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Homewood Suites</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 775 Currency Circle		Amount of Each Disbursement this Period 862.20
City Lake Mary	State FL	
Purpose of Disbursement lodging		Transaction ID : BD0DE5A5E108F4F9EB93
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Chops City Grill</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 837 5th Avenue South		Amount of Each Disbursement this Period 271.81
City Naples	State FL	
Purpose of Disbursement catering		Transaction ID : B7F593C0349584C16826
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

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

13020070721



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. KRES Chophouse</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 17 West Church St.		Amount of Each Disbursement this Period 258.73 Transaction ID : BF340140252C24970814
City Orlando	State FL	
Zip Code 32801	Purpose of Disbursement meals	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Apple Store</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2700 Clarendon Blvd.		Amount of Each Disbursement this Period 2594.88 Transaction ID : BD4A3A50DE2414BA28DE
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement technology purchase	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address Multiple Locations		Amount of Each Disbursement this Period 220.74 Transaction ID : B1A345067567B4C1885B
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement lodging	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

0.00

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

15020070722

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Airtran Airways</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 422 N. Industrial Way		Amount of Each Disbursement this Period 369.60 Transaction ID : BC4AC8211EDEC4C89A8F
City Canton	State GA	
Purpose of Disbursement air travel		Category/ Type [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Homewood Suites</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address 5255 Big Pine Way		Amount of Each Disbursement this Period 660.45 Transaction ID : BF85D18B29FDD4D83B09
City Fort Myers	State FL	
Purpose of Disbursement lodging		Category/ Type [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. SunPass Operations</b>		Date of Disbursement MM/DD/YYYY 12/19/2012
Mailing Address PO Box 369		Amount of Each Disbursement this Period 235.00 Transaction ID : BA401F48C9AD8428190A
City Boca Raton	State FL	
Purpose of Disbursement road tolls		Category/ Type [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

15020070723

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 12600 University Dr		Amount of Each Disbursement this Period 2757.81 Transaction ID : B75ECE0AFB3B846C8B79
City Fort Myers	State FL	
Purpose of Disbursement lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 440.80 Transaction ID : B966A2F6CD40B4B3384E
City Pittsburgh	State PA	
Purpose of Disbursement air travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Hampton Inn Fort Myers</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 4350 Executive Circle		Amount of Each Disbursement this Period 377.40 Transaction ID : B7125BC1DF1194CAF848
City Fort Myers	State FL	
Purpose of Disbursement lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

13020070724

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

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 1637.18 Transaction ID : B0786BB2E0D30404AAC5
City Memphis	State TN	
Purpose of Disbursement shipping	Zip Code 38101-1140	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Residence Inns</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 600 West Gaines Street		Amount of Each Disbursement this Period 388.52 Transaction ID : BE0EE34C05A654E46B41
City Tallahassee	State FL	
Purpose of Disbursement lodging	Zip Code 32304-4308	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 5019 S Cleveland Ave		Amount of Each Disbursement this Period 169.58 Transaction ID : B277C294FE1224CC4849
City Fort Myers	State FL	
Purpose of Disbursement technology purchase	Zip Code 33907-1373	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

0.00

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

13020070725

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 45
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address 2690 Coral Way		Amount of Each Disbursement this Period 490.00 Transaction ID : B9C5F10C0D2B341EB87E
City Miami	State FL	
Zip Code 33145-3406	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2012
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 995.03 Transaction ID : B70D155FF66C643BAAEE
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement Debt Repayment: CREDIT CARD: SEE BELOW	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Chase Card Services</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2012
Mailing Address PO Box 15153		Amount of Each Disbursement this Period -50.00 Transaction ID : BD09CB99EFD13411BB94
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement annual fee refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	995.03
<b>TOTAL</b> This Period (last page this line number only).....	

13020070726

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO Box 105697		Amount of Each Disbursement this Period 844.98
City Atlanta	State GA	Zip Code 30348-5697
Purpose of Disbursement campaign car lease		Transaction ID : BBD07B47B59634EFAB3C
Candidate Name		Category/ Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	
Full Name (Last, First, Middle Initial) <b>B. Bonita Springs Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 188.05
City Bonita Springs	State FL	Zip Code 34135
Purpose of Disbursement storage fee		Transaction ID : B0FF390F86F4C4070903
Candidate Name		Category/ Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	
Full Name (Last, First, Middle Initial) <b>C. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 16000.00
City Arlington	State VA	Zip Code 22202-0187
Purpose of Disbursement Debt Repayment: email and online advertising consulting		Transaction ID : B75DA49D2FDDF46B4AE0
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	
SUBTOTAL of Disbursements This Page (optional).....		16000.00
TOTAL This Period (last page this line number only).....		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 1209.99 Transaction ID : B4CEE9A5F51764189B04
City Arlington	State VA	
Purpose of Disbursement Debt Repayment: Digital Strategy Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Arent Fox LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 53154.27 Transaction ID : BAC2E17B9F06D4A4D814
City Washington	State DC	
Purpose of Disbursement Debt Repayment: FEC Campaign Reporting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Front Line Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address P.O. Box 1491		Amount of Each Disbursement this Period 20801.35 Transaction ID : B6BADD67B36984846852
City Tallahassee	State FL	
Purpose of Disbursement Debt Repayment: Political Strategy Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	75165.61
<b>TOTAL</b> This Period (last page this line number only) .....	,

13020070728

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 45

<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

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

Full Name (Last, First, Middle Initial) <b>A. Scm Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 11517.34 Transaction ID : B253961F01F484E44B9C
City Dublin	State NH	
Zip Code 03444	Purpose of Disbursement Debt Repayment: direct mail and telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Scm Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 896.98 Transaction ID : B71E03BD1F63841789A2
City Dublin	State NH	
Zip Code 03444	Purpose of Disbursement Debt Repayment: direct mail and telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12414.32
<b>TOTAL</b> This Period (last page this line number only).....	258280.82

13020070729



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Citizens Helping Heroes Inc</b>		Nature of Debt (Purpose): Event Sponsorship
Mailing Address 1712 Carey Ave, Suite 100		
City State	Zip Code	
Cheyenne	WY 82001-4468	

Outstanding Balance Beginning This Period	Transaction ID : DDF5BF272ECD541B4955	
2500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2500.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paychex</b>		Nature of Debt (Purpose): Payroll, Taxes, Fees Obligations. Debt paid by all 12/05/12 and portion of 12/31/12 payroll expendi
Mailing Address 3060 Williams Drive #200		
City State	Zip Code	
Farifax	VA 22031	

Outstanding Balance Beginning This Period	Transaction ID : D3436D38710B14510844	
72172.70		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	72172.70	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ford Credit</b>		Nature of Debt (Purpose): Campaign Car Lease Payments
Mailing Address PO Box 105697		
City State	Zip Code	
Atlanta	GA 30348-5697	

Outstanding Balance Beginning This Period	Transaction ID : DADF68483CCE2413C992	
10984.74		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	844.98	10139.76

1) SUBTOTALS This Period This Page (optional) .....	10139.76
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

13020070730

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Friends of Connie Mack, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Shred-It</b>		Nature of Debt (Purpose): Shredding Service	
Mailing Address 1885 SR 84, Ste 106			
City	State	Zip Code	
Ft Lauderdale	FL	33315-2243	
Outstanding Balance Beginning This Period 226.00		Transaction ID : DBB666F02289F41AEAB6	
Amount Incurred This Period 0.00	Payment This Period 226.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>David L. Andrukitis, Inc</b>		Nature of Debt (Purpose): Printing Expenses	
Mailing Address Printing & Mailing Services 50 E Street SE			
City	State	Zip Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period 1438.95		Transaction ID : DB40C4F1749DD4C31925	
Amount Incurred This Period 0.00	Payment This Period 1438.95	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arent Fox LLP</b>		Nature of Debt (Purpose): FEC Campaign Reporting	
Mailing Address 1050 Connecticut Ave NW			
City	State	Zip Code	
Washington	DC	20036-5308	
Outstanding Balance Beginning This Period 103154.27		Transaction ID : D0AE6CBFFD1D4C9381D	
Amount Incurred This Period 0.00	Payment This Period 53154.27	Outstanding Balance at Close of This Period 50000.00	

1) SUBTOTALS This Period This Page (optional) .....	50000.00
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

15020070731

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Friends of Connie Mack, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Scm Associates, Inc.</b>		Nature of Debt (Purpose): Direct Mail and Telemarketing Services
Mailing Address 1283 Main Street PO Box 254		
City State	Zip Code	
Dublin NH	03444	

Outstanding Balance Beginning This Period	Transaction ID : D8151BE1321A043F9997	
12414.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	12414.32	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Jackson-Alvarez Group</b>		Nature of Debt (Purpose): Research
Mailing Address Gary Maloney PO Box 7272		
City State	Zip Code	
Mc Lean VA	22106	

Outstanding Balance Beginning This Period	Transaction ID : DA1B0F10BF09B4CD09F9	
2800.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2800.00	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Olin Hill</b>		Nature of Debt (Purpose): Insurance Premium
Mailing Address PO Box 151346		
City State	Zip Code	
Cape Coral FL	33915	

Outstanding Balance Beginning This Period	Transaction ID : D82D054FE130C4D4192D	
2362.80		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2362.80	0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

13020070732

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Friends of Connie Mack, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Front Line Strategies</b>		Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address P.O. Box 1491		
City	State	Zip Code
Tallahassee	FL	32302

Outstanding Balance Beginning This Period	Transaction ID : D7897AD85D7A841FFBED	
20801.35		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	20801.35	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): CREDIT CARD CHARGES
Mailing Address P. O. Box 360002		
City	State	Zip Code
Fort Lauderdale	FL	33336

Outstanding Balance Beginning This Period	Transaction ID : D0A0E7127A386410EB5F	
91413.14		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	70025.19	21387.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Targeted Victory</b>		Nature of Debt (Purpose): Digital Strategy Consulting (Original Debt Estimated)
Mailing Address PO Box 2187		
City	State	Zip Code
Arlington	VA	22202-0187

Outstanding Balance Beginning This Period	Transaction ID : DA0555ABEEA574D2397C	
17209.99		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	17209.99	0.00

1) SUBTOTALS This Period This Page (optional) .....	21387.95
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

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**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Chase Card Services**  
 Nature of Debt (Purpose):  
**CREDIT CARD CHARGES**  
 Mailing Address **PO Box 15153**  
 City State Zip Code  
**Wilmington DE 19886-5153**

Outstanding Balance Beginning This Period	Transaction ID : D0A174845B51C453DA0F	
995.03		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	995.03	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Auto Owners Inc**  
 Nature of Debt (Purpose):  
**Campaign Car Insurance Payments**  
 Mailing Address **Olin Hill & Associates Inc**  
**2804 Del Prado Blvd S Suite 107**  
 City State Zip Code  
**Cape Coral FL 33904-7282**

Outstanding Balance Beginning This Period	Transaction ID : DA169FACB6AC54D3A978	
529.92		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	176.64	353.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Highwood Capital, LLC**  
 Nature of Debt (Purpose):  
**Fundraising Consulting - Original Debt Estimated. No Payment Made. (Correcting Entry)**  
 Mailing Address **915 E Street NW #613**  
 City State Zip Code  
**Washington DC 20004**

Outstanding Balance Beginning This Period	Transaction ID : D7A53097A610C40AA9DD	
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-3000.00	0.00	0.00

1) SUBTOTALS This Period This Page (optional) .....	353.28
2) TOTALS This Period (last page this line number only) .....	81880.99
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	81880.99

13020070734

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

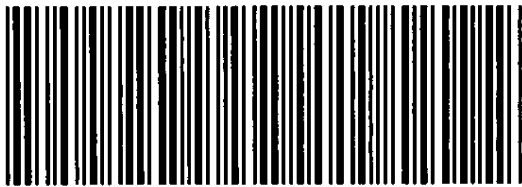
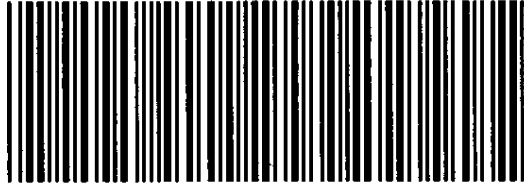
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FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 01-31-13

13020070735



13020070736