

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	206561.01	211621.01
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	206561.01	211621.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	138771.80	201514.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	138771.80	201514.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	324378.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

144400.00

146625.00

(ii) Unitemized.....

9431.00

11266.00

(iii) TOTAL of contributions

153831.00

157891.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

52730.01

53730.01

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

206561.01

211621.01

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

206561.01

211621.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	138771.80	201514.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2100.00	2100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	140871.80	203614.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	258689.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	206561.01
25. SUBTOTAL (add Line 23 and Line 24).....	465250.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	140871.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	324378.23

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Aircraft Owners & Pilots Assn. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 601 Pennsylvania Ave., NW Suite 875, South Bldg		Transaction ID: 70404.C16905	
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. American Council of Engineering PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1015 15th Street NW Suite 802		Transaction ID: 70404.C16911	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. American Optometric Association PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address 1505 Prince St Ste 300		Transaction ID: 70404.C16750	
City Alexandria State VA Zip Code 22314-2874	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00024968		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Arent Fox Civic Participation Fund

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: 70404.C16898

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors CCE

Mailing Address P. O. Box 10038

City Tallahassee State FL Zip Code 32302

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

Name of Employer Occupation
n/a political committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: 70404.C16912

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
AT & T Inc Federal PAC

Mailing Address 175 E Houston St # 7-A-50
Attn: Jonathan P. Klug

City San Antonio State TX Zip Code 78205-2255

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: 70404.C16919

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
CH2M Hill Companies, Ltd. PAC

Mailing Address 9191 S. Jamaica Street

City State Zip Code
Englewood CO 80112

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70404.C16839

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave., N.W., #600

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16831

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Crowley Maritime Corporation Federal PAC

Mailing Address 575 7th St NW

City State Zip Code
Washington DC 20004-1607

FEC ID number of contributing federal political committee. **C** C00147231

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16914

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Darden Rest., Inc. Emp. Good Govt. Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 5900 Lake Ellenor Drive P.O. Box 593330		Transaction ID: 70404.C16747
City Orlando State FL Zip Code 32809	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00108282		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Florida Power & Light PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2007
Mailing Address 801 Pennsylvania Ave NW Ste 220 Suite 220		Transaction ID: 70404.C16868
City Washington State DC Zip Code 20004-2615	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00064774		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Florida Sugar Cane League PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1301 Pennsylvania Avenue, N.W., #4		Transaction ID: 70404.C16910
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00012328		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Florida Transportation Builders Assn PAC

Mailing Address 1007 DeSoto Park Drive
Suite 200

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 7

Transaction ID: 70404.C16838

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HSBC North America PAC

Mailing Address 1401 Eye Street, NW
Suite 520

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16909

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
KochPAC

Mailing Address 655 15th Street, NW
Suite 445

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16740

Amount of Each Receipt this Period
2500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Marys PAC Mailing Address 1155 21st Street, NW Suite 300 City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C C00365338 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 631.95		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007 Transaction ID: 70523.C17015 Amount of Each Receipt this Period 631.95 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) plane ticket for FL fundraiser
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B. Full Name (Last, First, Middle Initial) National Beer Wholesalers Asso. PAC Mailing Address 1100 King Street, Suite 600 City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. C C00144766 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007 Transaction ID: 70404.C16906 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Full Name (Last, First, Middle Initial) Nuclear Energy Institute Federal PAC Mailing Address 1776 Eye Street, NW 4th Floor City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007 Transaction ID: 70404.C16754 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	4131.95
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 2202 N. Westshore Blvd., FL 5

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Outback Steakhouse, Inc. Occupation govt. relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70404.C16917

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Outdoor Advertising of America

Mailing Address 1850 M Street, NW Suite 1040

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2007

Transaction ID: 70226.C16559

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Progress Energy Emp. Fed. PAC

Mailing Address 801 Pennsylvania Ave, NW Suite 250

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2007

Transaction ID: 70404.C16870

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Qwest Communications PAC

Mailing Address 607 14th Street, N.W., #950

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: 70404.C16921

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
RJR Political Action Committee

Mailing Address P. O. Box 718

City State Zip Code
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2007

Transaction ID: 70404.C16869

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 111 C Street, S.E.
Lower Unit

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2187.20

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: 70713.C17144

Amount of Each Receipt this Period
2187.20

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
expenses- FL Fundraiser

SUBTOTAL of Receipts This Page (optional)	6187.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 116
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 111 C Street, S.E.
Lower Unit

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4098.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	7

Transaction ID: 70523.C17016

Amount of Each Receipt this Period
1910.86

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 expenses - FL fundraiser

B. Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE
Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	7

Transaction ID: 70523.C17014

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE
Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Transaction ID: 70404.C16920

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	4910.86
TOTAL This Period (last page this line number only)	52730.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Mrs. John R. Alexander

Mailing Address 327 Sunset Road

City State Zip Code
Frostproof FL 33843

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16837

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Darryl Allen

Mailing Address P.O. Box 1206

City State Zip Code
Boca Grande FL 33921

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2007

Transaction ID: 70226.C16573

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
C Michael Armstrong

Mailing Address 1683 Galleon Dr

City State Zip Code
Naples FL 34102-7717

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2007

Transaction ID: 70404.C16757

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Maureen Arnold

Mailing Address 14101 River Road

City State Zip Code
Fort Myers FL 33905

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16805

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Robert Assaf

Mailing Address 15860 Sawpit Road

City State Zip Code
Jacksonville FL 32226

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

Name of Employer Occupation
Liberty Ambulance Service c.e.o

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16726

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Gary Aubuchon

Mailing Address 2381 Coral Point Drive

City State Zip Code
Cape Coral FL 33990

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

Name of Employer Occupation
Aubuchon Homes builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16784

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Beverly Austin

Mailing Address 4617 San Miguel

City Tampa State FL Zip Code 33629

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16576

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Mary Bahn

Mailing Address 5075 Joewood Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16813

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Sam Bailey

Mailing Address 2589 West Gulf Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16817

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Elliot Baines

Mailing Address 360 Indian Harbor Road

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70131.C16513

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Scott Barnhart

Mailing Address 1200 Stetson Street

City State Zip Code
Orlando FL 32804

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

Name of Employer Occupation
Jenkins Hill Group LLC consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 7

Transaction ID: 70404.C16865

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Carl Barraco

Mailing Address 2271 McGregor Blvd.

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Barraco & Associates, Inc. owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16801

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Doyle Bartlett

Mailing Address 609 Oakley Place

City State Zip Code
Alexandria VA 22302

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

Name of Employer
Bartlett & Bendall, LLC

Occupation
lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2007

Transaction ID: 70404.C16918

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
David Barton

Mailing Address 5718 Driftwood Parkway

City State Zip Code
Cape Coral FL 33904

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16781

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William Barton

Mailing Address 605 Palm Cir E.

City State Zip Code
Naples FL 34102

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

Name of Employer
retired

Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2007

Transaction ID: 70226.C16605

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
A.L. Bateman

Mailing Address 2245 Venetian Court, #4

City State Zip Code
Naples FL 34109

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

Name of Employer
Self Employed

Occupation
real estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70404.C16780

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 9040 Charlee Street

City State Zip Code
Lake Worth FL 33467

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

Name of Employer
Enterprise Security, Inc.

Occupation
security

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16926

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Samira Beckwith

Mailing Address 17080 Harbour Point, #1212

City State Zip Code
Fort Myers FL 33908

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

Name of Employer
Hope Hospice Care

Occupation
President/ CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16698

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Nick Beckwith III

Mailing Address 1 Little Ln

City Pittsburgh State PA Zip Code 15215-1552

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

Name of Employer Arch Street Management Occupation chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70226.C16712

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Peter Bergsten

Mailing Address P. O. Box 640

City Bokeelia State FL Zip Code 33922

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2007

Transaction ID: 70226.C16629

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Gary Bickel

Mailing Address 27588 Bayview Drive, S.W.

City Bonita Springs State FL Zip Code 34134

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16778

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Eugene Blanchard

Mailing Address 2509 Augusta Drive

City State Zip Code
Naples FL 34109

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 23 / 2007

Transaction ID: 70131.C16548

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Richard Bolen

Mailing Address 616 Putter Point Place

City State Zip Code
Naples FL 34103

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

Name of Employer Downing & Frye Realty, Inc.
Occupation realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 18 / 2007

Transaction ID: 70404.C16859

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Carrie Brancheau

Mailing Address 4488 Brynwood Drive

City State Zip Code
Naples FL 34119

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

Name of Employer self-employed
Occupation Franchisee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 22 / 2007

Transaction ID: 70404.C16826

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Thomas J Brancheau

Mailing Address 4488 Brynwood Dr

City State Zip Code
Naples FL 34119-8413

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

Name of Employer Occupation
Pizza Hut and Taco Bell owner
Franci

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16827

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Brogan

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code
West Palm Beach FL 33401-4316

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2007

Transaction ID: 70131.C16455

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
John Brogan

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code
West Palm Beach FL 33401-4316

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: 70404.C16879

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert Brueck

Mailing Address 3700 Central Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 7

Transaction ID: 70226.C16674

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Robert Brueck

Mailing Address 3700 Central Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16824

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Charles H. Carlan

Mailing Address 3420 Oakmont Drive

City State Zip Code
Pensacola FL 32503

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

Name of Employer Hatch Mott MacDonald Occupation
Hatch Mott MacDonald engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: 70131.C16522

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Alice J. Carlson

Mailing Address 2730 Leeward Lane

City State Zip Code
Naples FL 34103

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

Name of Employer
AJC Associates, Inc.

Occupation
president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70226.C16578

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Sabra Cecil

Mailing Address 27290 River Royale Court

City State Zip Code
Bonita Springs FL 34135

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

Name of Employer
Bonita Bay Group

Occupation
vice president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16793

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Duane Chamberlain

Mailing Address 215 Manatee Street

City State Zip Code
Fort Myers FL 33913

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

Name of Employer
All Ways Electric

Occupation
electrical contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2007

Transaction ID: 70404.C16786

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Malcom Chancey

Mailing Address 4951 Gulfshore Blvd N.

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 70226.C16670

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
William Citarella

Mailing Address PO Box 110673

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Premier Mortgage self employed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 7

Transaction ID: 70404.C16752

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
David Coffin

Mailing Address 4305 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70226.C16577

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Barron Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer Barron Collier Occupation chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: 70404.C16832

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Barron Collier

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70404.C16773

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Barron Collier

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16772

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Miles Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 7

Transaction ID: 70404.C16833

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Colton

Mailing Address 5698 Shaddelee Lane, W

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Harborside Homes
Occupation c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 0 7

Transaction ID: 70131.C16463

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Joe Cox

Mailing Address 1185 Immokalee Road Suite 110

City State Zip Code
Naples FL 34110

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

Name of Employer Cox and Nici
Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16702

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Edward Crane

Mailing Address 5000 Royal Marco Way #732

City State Zip Code
Marco Island FL 34145

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: 70404.C16897

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Michelle Daenzer-Sapp

Mailing Address 3602 Kent Drive

City State Zip Code
Naples FL 34112

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

Name of Employer Occupation
Francesco Molal sales manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 15 / 2007

Transaction ID: 70404.C16861

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Daniel Dannenhauer

Mailing Address 3977 Woodlake Dr

City State Zip Code
Bonita Springs FL 34134-8610

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

Name of Employer Occupation
Five County Ins. Agency, Inc. insurance

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 11 / 2007

Transaction ID: 70226.C16575

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Charles Dauray

Mailing Address P.O. Box 97

City State Zip Code
Estero FL 33928

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

Name of Employer
College of Life Foundatio-
n, In Occupation
chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16835

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Lawrence DeGeorge

Mailing Address 140 Intra Coastal Pointe Dr

City State Zip Code
Jupiter FL 33477

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

Name of Employer
self-employed Occupation
merchant banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: 70226.C16564

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Brenda Dejong

Mailing Address 2201 Canary Island CV

City State Zip Code
Naples FL 34119

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

Name of Employer
Stock Development Occupation
sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2007

Transaction ID: 70226.C16634

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Sarah Deson

Mailing Address 329 W Mallory Cir

City Delray Beach State FL Zip Code 33483-5279

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16834

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Dickinson

Mailing Address 2229 McClellan Pkwy

City Sarasota State FL Zip Code 34239-3712

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2007

Transaction ID: 70131.C16462

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
John Donahue

Mailing Address 100 Bay Road

City Naples State FL Zip Code 34102

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

Name of Employer Federated Investors Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2007

Transaction ID: 70404.C16860

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Brewster Durkee

Mailing Address 5027 River Point Road

City State Zip Code
Jacksonville FL 32207

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2007

Transaction ID: 70404.C16875

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Gregory Eagle

Mailing Address 4134 Erindale Drive

City State Zip Code
Fort Myers FL 33903

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

Name of Employer Occupation
Self Employed developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2007

Transaction ID: 70404.C16797

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Alexander Eaton

Mailing Address 1301 Poinciana Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Retina Health Center physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16810

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Richard P. Eide, Jr.

Mailing Address 340 Little Harbour Lane

City State Zip Code
Naples FL 34102-7613

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16758

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
David Ericks

Mailing Address 5005 Glenrose

City State Zip Code
Miccosukee Cpo FL 32309

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

Name of Employer Ericks Consulting Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: 70404.C16751

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Christine L. Farrar

Mailing Address 22190 Fairmount Ct

City State Zip Code
Estero FL 33928-2384

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

Name of Employer Information Requested Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70226.C16681

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
David C. Farrell

Mailing Address 1220 Log Cabin Lane

City State Zip Code
Saint Louis MO 63124

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70226.C16710

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Lawrence Field

Mailing Address 433 N. Camden Dr., #820

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer NSB Association, Inc. Occupation owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2007

Transaction ID: 70404.C16842

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Michael G. Fink

Mailing Address 1055 Wyomi Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Fink & Boyle, P.A. Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16716

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Terrance R. Flynn

Mailing Address 3801 Fort Charles Drive

City State Zip Code
Naples FL 34102

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2007

Transaction ID: 70404.C16789

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
David Fogg

Mailing Address 3085 Paris Pike

City State Zip Code
Lexington KY 40511

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

Name of Employer TPX, Inc. Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16862

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Elizabeth Fogg

Mailing Address 1900 Gulf Shore Blvd N Apt 506

City State Zip Code
Naples FL 34102-4604

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2007

Transaction ID: 70226.C16610

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Elizabeth Fogg

Mailing Address 1900 Gulf Shore Blvd N Apt 506

City State Zip Code
Naples FL 34102-4604

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: 70226.C16671

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer J. G. Fogg & Co., Inc.
Occupation private equity

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: 70404.C16767

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer J. G. Fogg & Co., Inc.
Occupation private equity

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: 70404.C16768

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Leslie Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: 70404.C16770

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Leslie Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: 70404.C16769

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Nathaniel Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Student student

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16765

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Nathaniel Fogg</p> <p>Mailing Address 4295 Cutlass Lane</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Student Occupation student</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 22 / 2007</p> <p>Transaction ID: 70404.C16764</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Whitney Fogg</p> <p>Mailing Address 4295 Cutlass Lane</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Student Occupation student</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 20 / 2007</p> <p>Transaction ID: 70404.C16744</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Whitney Fogg</p> <p>Mailing Address 4295 Cutlass Lane</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Student Occupation student</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 20 / 2007</p> <p>Transaction ID: 70404.C16745</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Theo Folz

Mailing Address 936 Intracostal Drive, #6F

City State Zip Code
Fort Lauderdale FL 33304

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

Name of Employer Altadis USA, Inc. Occupation tobacco

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: 70404.C16877

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Donald Forte

Mailing Address 542 11th Ave S

City State Zip Code
Naples FL 34102-7134

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2007

Transaction ID: 70226.C16707

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Peter Fortune

Mailing Address 1014 Nelsons Walk

City State Zip Code
Naples FL 34102-7835

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2007

Transaction ID: 70404.C16886

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jonathan Frantz

Mailing Address 380 Keenan Avenue

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
FL Eye Health, Inc.

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16808

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Lamar Gable

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer
Barron Collier Co.

Occupation
general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70404.C16777

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Lamar Gable

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer
Barron Collier Co.

Occupation
general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16776

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
John Garvalia

Mailing Address 3782 Cracker Way

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
Miromar Development developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16814

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Edward Goodnow

Mailing Address 9 Old Kings Highway

City State Zip Code
Darien CT 06820

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

Name of Employer Occupation
Goodwin Gray & Co. investment manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16719

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jonathan Gould

Mailing Address 3901 Connecticut Ave., N.W., #310

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
U.S. Senate attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16742

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	3800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jonathan Gould

Mailing Address 3901 Connecticut Ave., N.W., #310

City Washington State DC Zip Code 20008

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

Name of Employer U.S. Senate Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16741

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Grady

Mailing Address 720 5th Avenue, S #200

City Naples State FL Zip Code 34102

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

Name of Employer self-employed Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16800

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Amy Gravina

Mailing Address 1370 Gasparilla Dr

City Fort Myers State FL Zip Code 33901-7712

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

Name of Employer Gravina, Smith & Matte Occupation Partner/Public Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16818

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Katherine Green

Mailing Address 1307 Plumosa Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
The Bonita Bay Group vice-president of veranda

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16795

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Dan Gunter

Mailing Address 185 Kenwith Court

City State Zip Code
Lakeland FL 33803

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

Name of Employer Occupation
Alicio President/COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16836

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Gordon H. Harris

Mailing Address 1201 East Robinson Street

City State Zip Code
Orlando FL 32801

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

Name of Employer Occupation
self-employed attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16822

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
William J. Harvey

Mailing Address 1777 Galleon Drive

City State Zip Code
Naples FL 34102-7719

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2007

Transaction ID: 70226.C16705

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Donnie Hixon

Mailing Address 4676 West Commercial

City State Zip Code
Fort Lauderdale FL 33319

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

Name of Employer United Global Security, Inc. Occupation security

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2007

Transaction ID: 70404.C16925

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Brian E. Holley

Mailing Address 100 Wyndemere Way Apt 103

City State Zip Code
Naples FL 34105-7122

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

Name of Employer Naples Botanical Gardens Occupation ceo

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16703

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
James Hovey

Mailing Address 4180 Cutlass Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Self Employed consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16701

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Gareth K. Hudson

Mailing Address P. O. Box 3669

City State Zip Code
Placida FL 33946

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

Name of Employer Occupation
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: 70404.C16845

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Frank Jenkins

Mailing Address 11951 Palomino Lane

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16806

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
James Jennings

Mailing Address 9209 Kincaid Court

City State Zip Code
Sanibel FL 33957

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

Name of Employer
City of Sanibel

Occupation
councilman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16802

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
David M Jensen

Mailing Address PO Box 191

City State Zip Code
Captiva FL 33924

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

Name of Employer
Self Employed

Occupation
owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: 70404.C16858

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
James Jensen

Mailing Address PO Box 191

City State Zip Code
Captiva FL 33924

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

Name of Employer
Self Employed

Occupation
Resort Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: 70404.C16857

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Karen Johnson

Mailing Address 15170 Canongate Drive

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16828

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Scott Kapnick

Mailing Address 20 E. 73rd Street

City State Zip Code
New York NY 10021

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

Name of Employer Goldman Sachs Occupation investment banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16743

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
S. A. Keller

Mailing Address 777 Bayshore Drive, #1506

City State Zip Code
Fort Lauderdale FL 33304

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70131.C16535

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Donald D. Kennedy

Mailing Address 6915 Green Tree Drive

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16639

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Kriston Kent

Mailing Address 1660 Medical Blvd.
Suite 100

City State Zip Code
Naples FL 34110

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

Name of Employer Occupation
Aesthetic Sugery Special- Plastic Surgeon
ists

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16766

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Thad Kirkpatrick

Mailing Address 420 Widgeon Pointe

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Cohen & Grigsby attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16807

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jonathan Kislak

Mailing Address 7900 Miami Lakes Drive, W

City Hialeah State FL Zip Code 33016

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

Name of Employer Kislak National Bank Occupation chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2007

Transaction ID: 70226.C16633

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Martin Klingenberg

Mailing Address 1455 Blue Paint Avenue

City Naples State FL Zip Code 34102

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

Name of Employer Self Employed Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: 70226.C16638

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Carol Krol

Mailing Address 4760 West Atlantic Avenue

City Delray Beach State FL Zip Code 33445

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

Name of Employer Self Employed Occupation chiropractic physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16782

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
T. J. Kukk

Mailing Address 3660 Gin Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 7

Transaction ID: 70226.C16709

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
David Lageschulte

Mailing Address 4329 Cleveland Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
LTP Management executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 7

Transaction ID: 70404.C16871

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
David Lageschulte

Mailing Address 4329 Cleveland Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
LTP Management executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 7

Transaction ID: 70404.C16872

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
James A LaGrippe

Mailing Address 1450 Gulfstar Dr S

City State Zip Code
Naples FL 34112-6402

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16700

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert P. Langley

Mailing Address 1179 33rd Ave South

City State Zip Code
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2007

Transaction ID: 70404.C16874

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John Lawlor

Mailing Address 18800 Telegraph Creek Lane

City State Zip Code
Alva FL 33920

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

Name of Employer Lawlor, Winston & Justice Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16829

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Bates Lea

Mailing Address 1255 Gulf Shore Blvd. N #3-S

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70226.C16673

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Long

Mailing Address 2443 SW Pine Island Road

City State Zip Code
Cape Coral FL 33991

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

Name of Employer Occupation
Marine Concepts owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2007

Transaction ID: 70404.C16790

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Scott Lutgert

Mailing Address 4200 Gulfshore Blvd.

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
The Lutgert Companies chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16856

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Florence S Macdonald

Mailing Address 3663 Cambridge Drive, S.E.

City State Zip Code
Stuart FL 34997

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2007

Transaction ID: 70226.C16592

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey Magoon

Mailing Address 16430 Millstone Circle
Unit 104

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2007

Transaction ID: 70404.C16821

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Paul Marinelli

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Barron Collier Co. president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2007

Transaction ID: 70226.C16572

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Paul Marinelli

Mailing Address 2600 Golden Gate Parkway

City Naples State FL Zip Code 34105

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

Name of Employer Barron Collier Co. Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70404.C16771

Amount of Each Receipt this Period
1250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Marx

Mailing Address P.O. Box 440

City Wappingers Falls State NY Zip Code 12590

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

Name of Employer self-employed Occupation insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2007

Transaction ID: 70131.C16523

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Arthur Mason

Mailing Address

City State Zip Code

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

Name of Employer Cassidy & Associates Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2007

Transaction ID: 70404.C16749

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Tina Matte		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 9051 Pittsburgh Blvd		Transaction ID: 70404.C16820
City State Zip Code Fort Myers FL 33912-7206	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Gravina, Smith & Matte Partner/Public Relations	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Charles W Matthews		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 2266 Windward Way		Transaction ID: 70226.C16728
City State Zip Code Naples FL 34103-4763	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Matthews Inc. businessman	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mark J. Mccarthy		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 3001 S. Course Dirve Apt. 503		Transaction ID: 70404.C16927
City State Zip Code Pompano Beach FL 33069	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Custard Insurance Adjusters insurance	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Brian F. McColgan

Mailing Address P. O. Box 640

City State Zip Code
Bokeelia FL 33922

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

Name of Employer self-employed Occupation
real estate appraiser

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: 70226.C16631

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Thomas McGrath

Mailing Address 1091 Jefferson Lane

City State Zip Code
Huntingdon Valley PA 19006

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

Name of Employer self-employed Occupation
individual investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16840

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Frederick Miller

Mailing Address 12709 N.W. 15th Street

City State Zip Code
Pompano Beach FL 33071

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

Name of Employer Occupation
Pediatrix Medical Group physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2007

Transaction ID: 70404.C16916

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Patrick Miller

Mailing Address 210 Weber Blvd S

City State Zip Code
Naples FL 34117-3034

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70404.C16887

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
John Moran

Mailing Address 125 Worth Avenue Apt. 202

City State Zip Code
Palm Beach FL 33480

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: 70404.C16756

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Clinton Morrison

Mailing Address PO Box 493

City State Zip Code
Boca Grande FL 33921-0493

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

Name of Employer Information Requested Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2007

Transaction ID: 70131.C16516

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Gerald Nichols

Mailing Address 4548 Mundy Dr

City Jacksonville State FL Zip Code 32207-7520

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 0 7

Transaction ID: 70226.C16615

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
Chester Norris

Mailing Address 812 Rue de Ville

City Naples State FL Zip Code 34108

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70226.C16706

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Katherine Pallas

Mailing Address

City State Zip Code

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16799

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert Paul

Mailing Address PO Box 17999

City State Zip Code
Jacksonville FL 32245-7999

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

Name of Employer Southeast-Atlantic Beverage Co
Occupation distributor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2007

Transaction ID: 70404.C16855

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Leonard Pavelka

Mailing Address P. O. Box 1019

City State Zip Code
Jacksonville FL 32201

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

Name of Employer J. H. Churchwell Co.
Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: 70226.C16667

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
George Perreault

Mailing Address 7336 Captain Kidd Avenue

City State Zip Code
Sarasota FL 34231

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

Name of Employer Self Employed
Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70404.C16873

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
John T Pratt

Mailing Address 1479 SW Shoreline Drive

City State Zip Code
Palm City FL 34990

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: 70226.C16699

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
William G. Price

Mailing Address 23860 Messina Ct

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
McGarvey Development Co. c.o.o.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2007

Transaction ID: 70226.C16675

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence Pugh

Mailing Address 6919 Green Tree Lane

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2007

Transaction ID: 70226.C16711

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
William Pullum

Mailing Address 8494 Navarre Pkwy.

City State Zip Code
Gulf Breeze FL 32566

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

Name of Employer Bill Pullum Realty, Inc. Occupation real estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70226.C16697

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Michael Quaintance

Mailing Address 4314 SW 3rd Ave

City State Zip Code
Cape Coral FL 33914

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 7

Transaction ID: 70404.C16882

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
John Quinn

Mailing Address PO Box 941539

City State Zip Code
Maitland FL 32794-1539

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

Name of Employer self-employed Occupation investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 7

Transaction ID: 70404.C16923

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert Lee Ratliff III

Mailing Address 730 Birdie View Point

City State Zip Code
Sanibel FL 33957-4625

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

Name of Employer
Self Employed

Occupation
real estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70404.C16746

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Michael Reitmann

Mailing Address 1010 S. Town and River Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Building Industry Assn.

Occupation
executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2007

Transaction ID: 70404.C16788

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer
Edison National Bank

Occupation
c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2007

Transaction ID: 70404.C16803

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Gonzalo Romero

Mailing Address 3764 Aslot Bend Court

City State Zip Code
Bonita Springs FL 34136

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

Name of Employer Occupation
Bonita Bay Group vice president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16791

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City State Zip Code
Palm Beach FL 33480-4263

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 7

Transaction ID: 70226.C16642

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Michael Rose

Mailing Address 1000 Ridgeway Loop Suite 108

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation
Self Employed private investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16889

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
W. Neil Rossborough

Mailing Address 13455 Rosewood Lane

City State Zip Code
Naples FL 34119

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: 70404.C16880

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N Apt 12
Apt. 12

City State Zip Code
Naples FL 34103-2214

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2007

Transaction ID: 70404.C16830

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Charles Salisbury

Mailing Address 1285 Gulf Shore Blvd. N

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Self Employed investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2007

Transaction ID: 70226.C16672

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	2450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
William Schira

Mailing Address 4409 Sugar Pine Drive

City State Zip Code
Boca Raton FL 33487

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

Name of Employer United Global Security, Inc. Occupation security

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: 70404.C16924

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ian Schmoyer

Mailing Address 1031 Edgemere Dr
Edgemere Dr

City State Zip Code
Fort Myers FL 33919-2607

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

Name of Employer CC Turner, Inc. Occupation developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: 70404.C16785

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ian Schmoyer

Mailing Address 1031 Edgemere Dr
Edgemere Dr

City State Zip Code
Fort Myers FL 33919-2607

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

Name of Employer CC Turner, Inc. Occupation developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70404.C16867

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jerry H. Schmoeyer

Mailing Address 1372 Osceola Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Miromar Development developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16796

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Sue Schulte

Mailing Address 490 Palm Circle West

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16760

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert F. Schwindt

Mailing Address 1001 Arbor Lake Drive #1608

City State Zip Code
Naples FL 34110

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

Name of Employer Occupation
n/a retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 7

Transaction ID: 70131.C16469

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert F. Schwindt

Mailing Address 1001 Arbor Lake Drive
#1608

City State Zip Code
Naples FL 34110

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 7

Transaction ID: 70226.C16597

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Robert Scott

Mailing Address 3775 Rum Row

City State Zip Code
Naples FL 34102

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

Name of Employer C & D Technoliges Occupation vice president

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70226.C16704

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Scott

Mailing Address 3775 Rum Row

City State Zip Code
Naples FL 34102

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

Name of Employer C & D Technoliges Occupation vice president

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16761

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
A. J. Scribante

Mailing Address 2969 Wulfert Road

City State Zip Code
Sanibel FL 33957

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

Name of Employer Occupation
Vital Learning chairman/c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70404.C16893

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joseph L. Seidel

Mailing Address 8058 Glendale Road

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Credit Suisse First Boston LLC managing director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2007

Transaction ID: 70404.C16902

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mary Seidel

Mailing Address 8058 Glendale Road

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Reinsurance Assn. of America federal affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2007

Transaction ID: 70404.C16903

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Betty Sembler

Mailing Address 10324 Paradise Blvd.

City State Zip Code
Saint Petersburg FL 33706

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 7

Transaction ID: 70226.C16738

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Constance Shank

Mailing Address 23773 Creek Branch Ln

City State Zip Code
Bonita Springs FL 34135-4013

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: 70226.C16560

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Laurel B Smith

Mailing Address 2306 Ivy Ave

City State Zip Code
Fort Myers FL 33907-4251

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

Name of Employer Occupation
Gravina, Smith & Matte public relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16819

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Mark Smith</p> <p>Mailing Address 1326 Bayliss Drive</p> <p>City State Zip Code Alexandria VA 22302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer King & Spalding LLP</p> <p>Occupation govt. relations advisor</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7</p> <p>Transaction ID: 70226.C16609</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) John Spears</p> <p>Mailing Address 1285 Gulf Shore Blvd. North Apt. 7-A</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired</p> <p>Occupation retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7</p> <p>Transaction ID: 70404.C16815</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Juliet Sproul</p> <p>Mailing Address 2600 Golden Gate Pkwy.</p> <p>City State Zip Code Naples FL 34105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Barron Collier Co.</p> <p>Occupation general partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7</p> <p>Transaction ID: 70404.C16774</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Juliet Sproul		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 2600 Golden Gate Pkwy.		Transaction ID: 70404.C16775	
City Naples	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 34105		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Barron Collier Co.	Occupation general partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Willis Stephens		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address PO Box 371		Transaction ID: 70226.C16663	
City Brewster	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 10509		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Willis Stephens		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address PO Box 371		Transaction ID: 70226.C16727	
City Brewster	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 10509		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Peter Sulick

Mailing Address 3295 Forst Charles Drive

City State Zip Code
Naples FL 34102-7924

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

Name of Employer Ammersite LLC Occupation venture capital

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16759

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Michael Sullivan

Mailing Address 6271 Tidewater Island Circle

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16798

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kermit S. Sutton

Mailing Address 715 10th Street, S.

City State Zip Code
Naples FL 34102

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

Name of Employer Self Employed Occupation self employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 7

Transaction ID: 70404.C16896

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Thomas Sylte

Mailing Address 2630 Paradise Point Drive

City State Zip Code
Pensacola FL 32503

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

Name of Employer Kelton Co Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16863

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Euarda Taylor

Mailing Address 374 South Beach Road

City State Zip Code
Hobe Sound FL 33455

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16908

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
John J. Taylor

Mailing Address 374 South Beach Road

City State Zip Code
Hobe Sound FL 33455

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

Name of Employer J. J. Taylor & Associates Occupation c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16907

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Mary E. Taylor</p> <p>Mailing Address 8401 Black Stallion Place</p> <p>City State Zip Code Vienna VA 22182</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Associates Occupation lobbyist</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007</p> <p>Transaction ID: 70404.C16904</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Teri Thomas</p> <p>Mailing Address 6796 Broken Arrow Rd</p> <p>City State Zip Code Fort Myers FL 33912-4101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer A D Systems Occupation owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2007</p> <p>Transaction ID: 70404.C16809</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Bobby C. Thompson</p> <p>Mailing Address 7028 W. Waters Ave., #325</p> <p>City State Zip Code Tampa FL 33634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer US Navy Veterans Association Occupation Information Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2007</p> <p>Transaction ID: 70404.C16864</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Chene Thompson

Mailing Address 4397 Forst Keis Avenue

City State Zip Code
Labelle FL 33935

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16812

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mary Thompson

Mailing Address 1318 Wales Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16811

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
G. Donald Thomson

Mailing Address 27620 Kent Road

City State Zip Code
Bonita Springs FL 34135

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

Name of Employer Henderson Franklin Starnes Hol Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: 70226.C16635

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
William D. Tompkins

Mailing Address 1330 Main Street, #7

City State Zip Code
Sarasota FL 34236

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70226.C16580

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Gary V. Trippe

Mailing Address 1275 Kasamada Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Oswald Trippe & Co. Occupation chief operating officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70404.C16779

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Vernon J. Troyer

Mailing Address 22335 Palm Beach Blvd.

City State Zip Code
Alva FL 33920

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

Name of Employer self-employed Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 7

Transaction ID: 70131.C16545

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Todd Turner

Mailing Address 1809 Lagoon Ln

City State Zip Code
Cape Coral FL 33914-2510

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

Name of Employer
CC Turner, Inc.

Occupation
developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16787

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Todd Turner

Mailing Address 1809 Lagoon Ln

City State Zip Code
Cape Coral FL 33914-2510

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

Name of Employer
CC Turner, Inc.

Occupation
developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 7

Transaction ID: 70404.C16753

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Michael Valiquette

Mailing Address 1206 Bay Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer
self-employed

Occupation
Building contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16783

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Duncan Varty

Mailing Address 1900 Gulf Shore Blvd. North

City State Zip Code
Naples FL 34102

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16640

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Augusto Villalon

Mailing Address 3859 Cruz Drive

City State Zip Code
Saint James City FL 33956

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

Name of Employer self-employed
Occupation engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16720

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lou Vlasho

Mailing Address 700 Fifth Avenue, South

City State Zip Code
Naples FL 34102

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

Name of Employer Rimaco Co.
Occupation vice-president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16823

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 116
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Kenneth Walker</p> <p>Mailing Address 1920 Virginia Avenue, #803</p> <p>City State Zip Code Fort Myers FL 33901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Edison Community College Occupation president</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 01 / 06 / 2007</p> <p>Transaction ID: 70131.C16538</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Charles Walton</p> <p>Mailing Address 7241 Orchid Island Pl</p> <p>City State Zip Code Bradenton FL 34202-2438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wastequip, Inc. Occupation executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 100.00</p>	<p>Date of Receipt 01 / 31 / 2007</p> <p>Transaction ID: 70226.C16593</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Charles Walton</p> <p>Mailing Address 7241 Orchid Island Pl</p> <p>City State Zip Code Bradenton FL 34202-2438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wastequip, Inc. Occupation executive</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 200.00</p>	<p>Date of Receipt 03 / 19 / 2007</p> <p>Transaction ID: 70404.C16876</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
John Warfield

Mailing Address 3893 Woodlake Drive

City State Zip Code
Bonita Springs FL 34134-8608

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

Name of Employer Occupation
The Frederick Motor Co. Automobile Dealer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16637

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Susan Watts

Mailing Address 3981 Lakemont Drive

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
The Bonita Bay Group executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 70404.C16794

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Linda Welch

Mailing Address PO Box 62074

City State Zip Code
Fort Myers FL 33906

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 70404.C16825

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Thomas B. Wheeler

Mailing Address 736 Kings Town Dr

City State Zip Code
Naples FL 34102-7831

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2007

Transaction ID: 70404.C16762

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Linda G. White

Mailing Address 1510 Star Pointe Lane

City State Zip Code
Naples FL 34112

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2007

Transaction ID: 70226.C16668

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Randy White

Mailing Address PO Box 486

City State Zip Code
Pineland FL 33945

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

Name of Employer Self Employed Occupation Author

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70226.C16636

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Scott Whitney

Mailing Address 22759 Fountain Lakes Blvd.

City State Zip Code
Estero FL 33928

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

Name of Employer Occupation
Bonita Bay Group senior vice president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16792

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Williams

Mailing Address 3838 Tamiami Trail

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
Orion Bancorp, Inc. c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 7

Transaction ID: 70404.C16816

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kathryn Woods

Mailing Address 3510 Turtle Creek Blvd
17C

City State Zip Code
Dallas TX 75219

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16763

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jovan Zepcevski

Mailing Address 7802 Jean Blvd.

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Occupation
Zep Construction, Inc. Bridge Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: 70226.C16646

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Robert Zimmerman

Mailing Address 1708 Venezia Way

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70226.C16736

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	144400.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Jeff Cohen		Transaction ID: 70404.E3214 Date of Disbursement 01 / 11 / 2007
Mailing Address 317 CANNON BUILDING		Amount of Each Disbursement this Period 125.22
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeff Cohen		Transaction ID: 70404.E3229 Date of Disbursement 02 / 15 / 2007
Mailing Address 317 CANNON BUILDING		Amount of Each Disbursement this Period 249.90
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement (CELLULAR) SEE BELOW Candidate Name	Category/Type	(CELLULAR) SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Arthur J. Finkelstein & Assoc.		Transaction ID: 70131.E3131 Date of Disbursement 01 / 04 / 2007
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00
City Irvington State NY Zip Code 10533-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTING FEE Candidate Name	Category/Type	POLITICAL CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4375.12
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Arthur J. Finkelstein & Assoc.		Transaction ID: 70404.E3222 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 6457.95	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	POLITICAL CONSULTING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc.		Transaction ID: 70404.E3234 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4536.40	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	POLITICAL CONSULTING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Freedom Project		Transaction ID: 70713.C17144IK Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 111 C Street, S.E. Lower Unit		Amount of Each Disbursement this Period 2187.20	
City Washington State DC Zip Code 20003-	Purpose of Disbursement EXPENSES- FL FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	IN KIND: EXPENSES- FL FUN- DRAISER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	13181.55
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. The Freedom Project		Transaction ID: 70523.C17016IK Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 111 C Street, S.E. Lower Unit		Amount of Each Disbursement this Period 1910.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement EXPENSES - FL FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: EXPENSES - FL FU- NDRAISER

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Transaction ID: 70404.E3202 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 3585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement HOLIDAY CARDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	HOLIDAY CARDS

Full Name (Last, First, Middle Initial) C. Jamestown Associates		Transaction ID: 70404.E3219 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 1888.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement POSTAGE FOR HOLIDAY CARDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE FOR HOLIDAY CARDS

SUBTOTAL of Disbursements This Page (optional) ▶	7384.40
TOTAL This Period (last page this line number only) ▶	_____

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Rob Jennings		Transaction ID: 70404.E3231 Date of Disbursement 02 / 27 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1250.00
City Washington	State DC	
Zip Code 20001-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUNDRAISING CONSULTING FEE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Mr. Rob Jennings		Transaction ID: 70404.E3203 Date of Disbursement 03 / 28 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20001-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUNDRAISING CONSULTING FEE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. Marys PAC		Transaction ID: 70523.C17015IK Date of Disbursement 03 / 03 / 2007
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 631.95
City Washington	State DC	
Zip Code 20036-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PLANE TICKET FOR FL FUNDRAISER		
Candidate Name		Category/ Type
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) ▼	IN KIND: PLANE TICKET FOR FL FUNDRAISER
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional) ▶	2381.95
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Lee County Republicans		Transaction ID: 70404.E3224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33906-	Category/Type	
Purpose of Disbursement ADVERTISEMENT IN EVENT PROGRAM Candidate Name		ADVERTISEMENT IN EVENT PROGRAM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Florida Business Information, Inc.		Transaction ID: 70404.E3206 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bell State FL Zip Code 32619-	Category/Type	
Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name		NEWSPAPER CLIPPING SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Florida Business Information, Inc.		Transaction ID: 70404.E3216 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bell State FL Zip Code 32619-	Category/Type	
Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name		NEWSPAPER CLIPPING SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	860.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Florida Business Information, Inc.		Transaction ID: 70404.E3233 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bell State FL Zip Code 32619-	Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NEWSPAPER CLIPPING SERVICE

Full Name (Last, First, Middle Initial) B. Larson, Allen, Weishair & Co., LLP		Transaction ID: 70404.E3220 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 4099 Tamiami Trl N Ste 200		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34103-3548	Purpose of Disbursement ACCOUNTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING

Full Name (Last, First, Middle Initial) C. Business Card (formerly Platinum Plus)		Transaction ID: 70404.E3251 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 6677.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	7157.74
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Dollar Rent-A-Car		Transaction ID: 70413.E3289 Date of Disbursement 01 / 04 / 2007
Mailing Address multiple locations		Amount of Each Disbursement this Period 598.57
City	State Zip Code	
Purpose of Disbursement RENTAL CAR - TRAVEL EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: RENTAL CAR - TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Budget Rent-a-car		Transaction ID: 70413.E3291 Date of Disbursement 01 / 04 / 2007
Mailing Address multiple locations		Amount of Each Disbursement this Period 341.40
City	State Zip Code	
Purpose of Disbursement CAR RENTAL - TRAVEL EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: CAR RENTAL - TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Transaction ID: 70413.E3307 Date of Disbursement 01 / 04 / 2007
Mailing Address 951 South George Mason Dr		Amount of Each Disbursement this Period 100.00
City Arlington	State VA Zip Code 22204-	
Purpose of Disbursement TRANSPORTATION		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	[MEMO ITEM] MEMO: TRANSPORTATION
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Bellasera Resort Full Name (Last, First, Middle Initial) Mailing Address 221 South 9th Street City Naples State FL Zip Code 34102- Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3293 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 202.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING
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B. Governors Inn Full Name (Last, First, Middle Initial) Mailing Address 209 S. Adams Street City Tallahassee State FL Zip Code 32301- Purpose of Disbursement LODGING - TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3290 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 177.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING - TRAVEL EXPENSE
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C. Stoneys Sports Cafe Full Name (Last, First, Middle Initial) Mailing Address 21253 Stoneybrook Golf Blv City Estero State FL Zip Code 33928- Purpose of Disbursement FUNDRAISING EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3292 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 2209.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EVENT
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Stoneys Sports Cafe		Transaction ID: 70413.E3285 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 21253 Stoneybrook Golf Blv		Amount of Each Disbursement this Period 43.76
City Estero State FL Zip Code 33928-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BWI Parking Garage		Transaction ID: 70413.E3302 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address BWI Airport		Amount of Each Disbursement this Period 80.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARKING - TRAVEL EXPENSE Candidate Name	Category/Type	[MEMO ITEM] MEMO: PARKING - TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70413.E3308 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 419.99
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE Candidate Name	Category/Type	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70413.E3301 Date of Disbursement 01 / 04 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 132.93
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ExxonMobil		Transaction ID: 70413.E3296 Date of Disbursement 01 / 04 / 2007
Mailing Address Various Locations		Amount of Each Disbursement this Period 36.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS - TRAVEL EXPENSE	Candidate Name	[MEMO ITEM] MEMO: GAS - TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70413.E3303 Date of Disbursement 01 / 04 / 2007
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 304.30
City Pittsburgh State PA Zip Code 15220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Homewood Suites		Transaction ID: 70413.E3299 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 2987 Apalachee Parkway		Amount of Each Disbursement this Period 1546.51
City Tallahassee State FL Zip Code 32301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Business Card (formerly Platinum Plus)		Transaction ID: 70404.E3252 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 4909.16
City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amazon		Transaction ID: 70413.E3309 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 951 South George Mason Dr		Amount of Each Disbursement this Period 453.00
City Arlington State VA Zip Code 22204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSPORTATION	Candidate Name	[MEMO ITEM] MEMO: TRANSPORTATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4909.16
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) A. Avis Rent-A-Car		Transaction ID: 70413.E3325 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 262.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code	Purpose of Disbursement CAR RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAR RENTAL

Full Name (Last, First, Middle Initial) B. Best Buy		Transaction ID: 70413.E3321 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fort Myers FL 33907-	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE EQUIPMENT

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: 70413.E3323 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 408.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fort Myers FL 33907-	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE EQUIPMENT

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Governors Inn Full Name (Last, First, Middle Initial) Mailing Address 209 S. Adams Street City Tallahassee State FL Zip Code 32301- Purpose of Disbursement LODGING - TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3328 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 605.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING - TRAVEL EXPENSE
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address multiple locations City State Zip Code - Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3314 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 59.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 31488 City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E3311 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 84.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70413.E3324 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 1194.90	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement MULTIPLE AIR TRAVEL EXPENSES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MULTIPLE AIR TRAVEL EXPENSES	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70413.E3313 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 358.70	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70413.E3329 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 278.30	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70413.E3317 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 78.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DC PO BOX RENEWAL	Candidate Name	[MEMO ITEM] MEMO: DC PO BOX RENEWAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House Members Dining		Transaction ID: 70413.E3312 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 550.00
City State Zip Code Washington DC 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Thaipoon Thai Restaurant		Transaction ID: 70413.E3310 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1301 South Joyce St		Amount of Each Disbursement this Period 71.02
City State Zip Code Arlington VA 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Thaipoon Thai Restaurant		Transaction ID: 70413.E3315 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1301 South Joyce St		Amount of Each Disbursement this Period 41.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	[MEMO ITEM] MEMO: MEALS	
Purpose of Disbursement MEALS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Arent Fox LLP		Transaction ID: 70404.E3205 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 2714.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	ACCOUNTING AND LEGAL SERVICES	
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Arent Fox LLP		Transaction ID: 70404.E3241 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 2717.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	ACCOUNTING AND LEGAL SERVICES	
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5432.39
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: 70404.E3223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2100.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATABASE	Candidate Name	DATABASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capital One		Transaction ID: 70404.E3247 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1236.29
City City Of Industry State CA Zip Code 91716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. P.F. Changs China Bistro		Transaction ID: 70413.E3262 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 10840 Tamiami Trail North		Amount of Each Disbursement this Period 240.00
City Naples State FL Zip Code 34109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS - STAFF	Candidate Name	[MEMO ITEM] MEMO: MEALS - STAFF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3336.29
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) A. Collier County REC		Transaction ID: 70413.E3266 Date of Disbursement 01 / 18 / 2007
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34101-	Purpose of Disbursement ELECTION NIGHT PARTY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ELECTION NIGHT PARTY

Full Name (Last, First, Middle Initial) B. Collier County REC		Transaction ID: 70413.E3273 Date of Disbursement 01 / 18 / 2007
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 28.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34101-	Purpose of Disbursement WOMENS CLUB EVENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: WOMENS CLUB EVENT

Full Name (Last, First, Middle Initial) C. Collier County REC		Transaction ID: 70413.E3265 Date of Disbursement 01 / 18 / 2007
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34101-	Purpose of Disbursement MENS CLUB BREAKFAST MEETING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MENS CLUB BREAKFAST MEETING

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial) A. Lee County Republicans		Transaction ID: 70413.E3264 Date of Disbursement 01 / 18 / 2007
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 15.00
City Fort Myers State FL Zip Code 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BREAKFAST MEETING	Candidate Name	[MEMO ITEM] MEMO: BREAKFAST MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lee County Republicans		Transaction ID: 70413.E3272 Date of Disbursement 01 / 18 / 2007
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 200.00
City Fort Myers State FL Zip Code 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LINCOLN DAY DINNER	Candidate Name	[MEMO ITEM] MEMO: LINCOLN DAY DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Target		Transaction ID: 70413.E3258 Date of Disbursement 01 / 18 / 2007
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 31.43
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEADERSHIP COLLIER SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: LEADERSHIP COLLIER SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) A. Publix		Transaction ID: 70413.E3257 Date of Disbursement 01 / 18 / 2007
Mailing Address Colonial Crossings		Amount of Each Disbursement this Period 199.59
City Ft. Myers State FL Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTION NIGHT SUPPLIES		[MEMO ITEM] MEMO: ELECTION NIGHT SUPPLIES
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:		

Full Name (Last, First, Middle Initial) B. Vergina		Transaction ID: 70413.E3260 Date of Disbursement 01 / 18 / 2007
Mailing Address 700 5th Ave S		Amount of Each Disbursement this Period 83.43
City Naples State FL Zip Code 34102-6604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING SUPPLIES		[MEMO ITEM] MEMO: FUNDRAISING SUPPLIES
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:		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70404.E3204 Date of Disbursement 01 / 04 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 533.64
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE		CELL PHONE
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	533.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70404.E3215 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 487.92
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70404.E3244 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 119.69
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Line 1 Communications		Transaction ID: 70404.E3209 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 827.28
City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX/EMAIL SERVICES	Candidate Name	FAX/EMAIL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1434.89
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) A. SCM Associates, Inc.		Transaction ID: 70404.E3207 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 2114.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dublin State NH Zip Code 03444-		
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		DIRECT MAIL AND TELEMARKETING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SCM Associates, Inc.		Transaction ID: 70404.E3217 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 6122.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dublin State NH Zip Code 03444-		
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		DIRECT MAIL AND TELEMARKETING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SCM Associates, Inc.		Transaction ID: 70404.E3243 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 9316.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dublin State NH Zip Code 03444-		
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		DIRECT MAIL AND TELEMARKETING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	17552.99
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Southwest Direct		Transaction ID: 70404.E3225 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 427.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Category/Type	
Purpose of Disbursement INVITATIONS	Candidate Name	INVITATIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Direct		Transaction ID: 70404.E3226 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 765.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Category/Type	
Purpose of Disbursement INVITATIONS	Candidate Name	INVITATIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Direct		Transaction ID: 70404.E3227 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 7037.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Category/Type	
Purpose of Disbursement DIRECT MAIL SERVICES	Candidate Name	DIRECT MAIL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8231.23
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Southwest Direct		Transaction ID: 70404.E3236 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 5073.88
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL SERVICES	Candidate Name	DIRECT MAIL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Direct		Transaction ID: 70404.E3246 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 2395.10
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL SERVICES	Candidate Name	DIRECT MAIL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint - Embarq		Transaction ID: 70404.E3208 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 80.72
City Cincinnati State OH Zip Code 45274-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7549.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. Sprint - Embarq		Transaction ID: 70404.E3218	
Mailing Address P.O. Box 740602		Date of Disbursement MM / DD / YYYY 02 / 01 / 2007	
City Cincinnati	State OH	Zip Code 45274-	Amount of Each Disbursement this Period 80.77
Purpose of Disbursement TELEPHONE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELEPHONE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Sprint - Embarq		Transaction ID: 70404.E3237	
Mailing Address P.O. Box 740602		Date of Disbursement MM / DD / YYYY 03 / 01 / 2007	
City Cincinnati	State OH	Zip Code 45274-	Amount of Each Disbursement this Period 80.62
Purpose of Disbursement TELEPHONE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELEPHONE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Stone Group, LLC		Transaction ID: 70404.E3211	
Mailing Address 5701 Bayview Drive		Date of Disbursement MM / DD / YYYY 01 / 04 / 2007	
City Fort Lauderdale	State FL	Zip Code 33308-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CAMPAIGN/FUNDRAISING CONSULTING
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	5161.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) A. Stone Group, LLC		Transaction ID: 70404.E3212 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) B. Stone Group, LLC		Transaction ID: 70404.E3221 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) C. Stone Group, LLC		Transaction ID: 70404.E3242 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	16000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Stone Group, LLC		Transaction ID: 70404.E3245 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) B. Stone Group, LLC		Transaction ID: 70404.E3201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 25230.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement FUNDRAISING EXPENSES - CATERING LO Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSES - CATERING LO

Full Name (Last, First, Middle Initial) C. SunTrust Credit Card		Transaction ID: 70404.E3248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 464.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	30695.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) A. Bonita Springs Self Storage		Transaction ID: 70413.E3274 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bonita Springs State FL Zip Code 34135-	Category/Type	
Purpose of Disbursement STORAGE Candidate Name		[MEMO ITEM] MEMO: STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70413.E3275 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 166.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631-3488	Category/Type	
Purpose of Disbursement CELL PHONE Candidate Name		[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70413.E3276 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201-	Category/Type	
Purpose of Disbursement CELL PHONE Candidate Name		[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. SunTrust Credit Card		Transaction ID: 70404.E3249 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 682.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Category/Type	
Purpose of Disbursement CREDIT CARD: SEE BELOW		CREDIT CARD: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bonita Springs Self Storage		Transaction ID: 70413.E3278 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bonita Springs State FL Zip Code 34135-	Category/Type	
Purpose of Disbursement STORAGE		[MEMO ITEM] MEMO: STORAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 70413.E3277 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 230.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement MEALS		[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	682.38
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70413.E3279 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 168.01
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70413.E3280 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust Credit Card		Transaction ID: 70404.E3250 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 575.57
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	575.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Bonita Springs Self Storage		Transaction ID: 70413.E3282 Date of Disbursement 03 / 01 / 2007
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
City Bonita Springs State FL Zip Code 34135-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE	Candidate Name	[MEMO ITEM] MEMO: STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70413.E3281 Date of Disbursement 03 / 01 / 2007
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 124.96
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70413.E3283 Date of Disbursement 03 / 01 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 166.30
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70413.E3284 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The UPS Store		Transaction ID: 70404.E3235 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 5100 S. Cleveland Avenue, #318		Amount of Each Disbursement this Period 100.00
City Fort Myers State FL Zip Code 33907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PO BOX RENEWAL AND FORWARDING	Candidate Name	PO BOX RENEWAL AND FORWARDING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 70404.E3240 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 132.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FL PO BOX RENEWAL	Candidate Name	FL PO BOX RENEWAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	232.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
COMPUTER MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70404.E3213
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	7

Amount of Each Disbursement this Period

549.75

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

COMPUTER MAINTENANCE

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

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
COMPUTER MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70404.E3232
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	7

Amount of Each Disbursement this Period

487.25

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

COMPUTER MAINTENANCE

SUBTOTAL of Disbursements This Page (optional) ►

1037.00

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

138704.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Vern Buchanan for Congress

Mailing Address PO Box 48928

City State Zip Code
Sarasota FL 34230-

Purpose of Disbursement
PRIMARY 06 DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70404.E3200
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2100.00