FEC FORM 3	AND DI	T OF RE SBURSE	MENTS			Office Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAI		xample:If typing, t over the lines	ype		
Friends of Connie	• Mack					
ADDRESS (number a	nd street)	519				
Check if diff						
than previou reported. (A					L <u>EF</u>	34106
2. FEC IDENTIFIC	ATION NUMBER 🛛 🖤	CITY 🛦		ę	STATE	ZIP CODE
C0039124	3	3. IS THIS REPORT	NEW (N)	OR	X AMENI (A)	STATE ♥ DISTRICT
4. TYPE OF REP (a) Quarterly Re April 15	( , , , , , , , , , , , , , , , , , , ,	(b) 12-Day <b>PF</b>	RE-Election Report Primary (12P Convention (1	)	General (* Special (1	
	Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Election on				in the State of
X Januar	y 31 Year-End Report (YE)	(c) 30-Day <b>PC</b>	<b>ST</b> -Election Rep	ort for the:		
Termin	ation Report (TER)	Election on	General (30G	i)	Runoff (3	DR) Special (30S) in the State of
5. Covering Period	11 25	2008	through	12	3 1	2008
•	mined this Report and to th	-	ge and belief it is	true, correct a	and complete.	
Type or Print Name of Signature of Treasure		Engle Craig Engle		D	ate 03	09 2009
NOTE : Submission o	f false, erroneous, or incom	plete information may	subject the perso	on signing this	s Report to the	penalties of 2 U.S.C 437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

nage	# 29991704701 FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements		Page <b>2</b>
W	Irite or Type Committee Name			
	riends of Connie Mack			
R		1 D D Y Y Y Y 1 25 2008	To:	M M D D Y Y Y Y 12 31 2008
		COLUMN A This Period		COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		•	
	(a) Total Contributions (other than loans) (from Line 11(e))	703.76		5803.76
	(b) Total Contribution Refunds (from Line 20(d))	0.00		0.00
	<ul><li>(c) Net Contributions (other than loans)</li><li>(subtract Line 6(b) from Line 6(a))</li></ul>	703.76		5803.76
7.	Net Operating Expenditures			
	(a) Total Operating Expenditures (from Line 17)	30587.70		83490.50
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00		0.00
	<ul><li>(c) Net Operating Expenditures</li><li>(subtract Line 7(b) from Line 7(a))</li></ul>	30587.70		83490.50
8.	Cash on Hand at Close of Reporting Period (from Line 27)	501085.89		
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		

## For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

FE5AN018

	FEC <b>Form 3</b> (Revised 12/2003) ite or Type Committee Name ends of Connie Mack	of Receipts	Page 3
Rep	port Covering the Period: From:	M M D D Y Y Y Y 11 25 2008	To: 12 D D Y Y Y 31 200
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (	CONTRIBUTIONS (other than loans) FROM	1:	
(	<ul> <li>Individuals/Persons Other Than</li> <li>Political Committees         <ul> <li>(i) Itemized (use Schedule A)</li> </ul> </li> </ul>	500.00	5550.00
	(ii) Unitemized	203.76	253.76
	(ii) Onternized	703.76	5803.76
(	b) Political Party Committees	0.00	0.00
	c) Other Political Committees (such as PACS)	0.00	0.00
	<ul> <li>The Candidate</li> <li>TOTAL CONTRIBUTIONS (other than loans)</li> </ul>	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))		3003.70
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. L	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
E	DFFSETS TO OPERATING EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	703.76	5803.76

## DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	30587.70	83490.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
<ul><li>19. LOAN REPAYMENTS:</li><li>(a) Of Loans Made or Guaranteed by the Candidate</li></ul>	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
0. 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
1. OTHER DISBURSEMENTS	0.00	0.00
2. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	30587.70	83490.50

## III. CASH SUMMARY

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

FE5AN018

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 5 / 28           (check only one)         X           X         11a           12         13a           13b         14
	Any information copied from such Reports and Sta or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sandra Stein Mailing Address 915 Benedict Canyon D City	)r State	Zip Code	Date of Receipt 1 2 / 2 9 / 2 0 0 8 Transaction ID: 90129.C19713
	Beverly Hills FEC ID number of contributing federal political committee.	CA	90210-2842	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: 2010 X Primary General Other (specify) ▼	Occupatio attorney Election C	n Cycle-to-Date ▼ 500.00	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>

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

SCHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE (check only		/ 28
ITEMIZED DISBURSEMENTS	Detailed Summary Page		X 17 18 19a 1 20a 20b 20c 2	9b :1
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.			Transaction ID: 90129.E454 Date of Disbursement	-8
Mailing Address 16 N. Astor Street			12 <sup>M</sup> /19 <sup>/</sup> /20	Ň8 <sup>°</sup>
City Irvington	State Zip Code NY 10533-		Amount of Each Disbursement th	
Purpose of Disbursement political consulting fee Candidate Name	[	Category/	2000 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	5
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	POLITICAL CONSULTING F	ĒĒ
Full Name (Last, First, Middle Initial) Jamestown Associates			Transaction ID: 90129.E455 Date of Disbursement	5
Mailing Address 5 Mapletown Road, #30	00		12 <sup>M</sup> /19 <sup>V</sup> /20	08 <sup>°</sup>
City Princeton	State Zip Code NJ 08540-		Amount of Each Disbursement th	
Purpose of Disbursement direct mail	[		Refund or Disposal of Excess	
Candidate Name		Category/ Type	Contributions Required Unde 11 C.F.R. 400.53	r
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		DIRECT MAIL	
Full Name (Last, First, Middle Initial) Mr. Rob Jennings			Transaction ID: 90129.E454 Date of Disbursement	7
Mailing Address American Event Consu 501 L St NW	Iting, Inc.		12 <sup>M</sup> /03 <sup>V</sup> /20	08 <sup>°</sup>
City Washington	State Zip Code DC 20001-		Amount of Each Disbursement th	
Purpose of Disbursement	Г		1000	
fundraising consulting fee Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Unde 11 C.F.R. 400.53	
Senate President	sement For: Primary General Other (specify) ▼		FUNDRAISING CONSULTIN	IG FEE
State: District:	n		3953	3.15
SUBTOTAL of Disbursements This Page (optiona TOTAL This Period (last page this line number onl	·			
FE5AN018	y/ ·····	····· <b>F</b>	FEC Schedule B (Form 3)	(Revisor

003) eB(Form 3)(R

ITEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       IT       18       19a       19b         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions       17       18       19a       19b	ITEMIZED DISBORSEMENTS	SCHEDULE B	-	-		arate schedule(s)		FOR LINE (check only		ER:			PAGE	E 7/28
r 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) Mailing Address 3048 Horizon Ln Apt 1103 City Naples FL 34109-8960 Purpose of Diabursement Catogory Office Sought: House Disbursement For: Disbursement For: Detended Under 11 C.F.R. 400.53 City State: District: Disbursement Mailing Address 1050 Connecticut Ave NW City Full Name (Last, First, Middle Initial) Ashley Payne Office Sought: House Disbursement For: Disbursement for: District: Full Name (Last, First, Middle Initial) Ashley Payne City State: District: Disbursement For: Disbursement For: District: Disbursement for: District: District: District: Control to Connecticut Ave NW City City State: District: Disbursement For: Disbursement For: District: District: Control to Connecticut Ave NW City City State: District: Disbursement For: Disbursement For: District: District: Control to Connecticut Ave NW City City City City City City City City	ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Mailing Address 3048 Horizon Ln Apt 1103 City Naples FL 34109-8960 Purpose of Disbursement fundraking consulting fee Cardidate Name Office Sought: House Distorterment For: Distorterment State: District: District: District: Distorterment Mailing Address 1050 Connecticut Ave NW City State Distorement Category Category Cardidate Name Distorterment Category Category Cardidate Name Distorterment Category	II EMIZED DISE	BURSEMENT	5				·	x 17					
NAME OF COMMITTEE (in Full)         Friends of Connie Mack         Full Name (Last, First, Middle Initial)         Mr. Patrick McQuillan         Mailing Address       3048 Horizon Ln Apt 1103         City       State       Zip Code         Purpose of Disbursement       Full Name (Last, First, Middle Initial)         City       State       Disbursement For:         Office Sought:       House       Other (specify)         Vashley Payne       Category/         Mailing Address       1050 Connecticut Ave NW         City       State:       Disbursement For:         Purpose of Disbursement       Category/         Yashington       DC       20036-5308         Purpose of Disbursement       Other (specify)       Transaction ID: 90129.E4650         Candidate Name       Disbursement For:       Yape         Office	NAME OF COMMITTEE (In Full)         Friends of Connie Mack         Full Name (Last, First, Middle Initial)         Mr. Patrick McQuillan         Mailing Address       3048 Horizon Ln Apt 1103         City       State       Zip Code         Numdrising Consulting ree       Category         Candidate Name       Disbursement         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       District:       Other (specify)         Ashley Payne       State       Zip Code         Mailing Address       1050 Connecticut Ave NW       Transaction ID: 90129.E4650         City       State       Zip Code         Washington       DC       20036-5308         Purpose of Disbursement For:       Category         Confluctions Required Under Initial)       Ansourt of Each Disbursement the Perimary General         Purpose of Disbursement For:       Category         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         Purpose of Disbursement for:       Category         Forid Business Inform Michano, Inco.<													
Mr. Patrick McQuillan       Mailing Address       3048 Horizon Ln Apt 1103       Amount of Each Disbursement         Mailing Address       3048 Horizon Ln Apt 1103       Amount of Each Disbursement this Period 2000.00         Purpose of Disbursement       FL       34109-8960         Purpose of Disbursement       Category         Transaction ID: 00129/E4650       Previous Pleuling Under         Office Sought:       Benate       Disbursement For:         Purpose of Disbursement       Disbursement For:       FUNDRAISING CONSULTING FEE         Purpose of Disbursement       Other (specify) ♥       FUNDRAISING CONSULTING FEE         Mailing Address       1050 Connecticut Ave NW       Transaction ID: 90129.E4650         City       State       Zip Code       Amount of Each Disbursement the Period         Mailing Address       1050 Connecticut Ave NW       If 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mr. Patrick McQuillan       Table of Disbursement         Mailing Address       3048 Horizon Ln Apt 1103         City       State       Zip Code         Naples       FL       34109-8960         Purpose of Disbursement       2000.00         Refund of Disbursement       2000.00         Refund of Disbursement       2000.00         Refund of Disbursement       2000.00         Refund of Disbursement for:       Disbursement For:         Diffice Sought:       House         Disbursement       Disbursement For:         District:       Disbursement For:         Disbursement       Category         Til C.F.R. 400.53       Transaction ID: 90129.E4650         Date of Disbursement       Disbursement For:         Disbursement       Disbursement For:         City       State       Disbursement For:         Quidate Name       Disbursement For:       Compensation         Candidate Name       Disbursement For:       Compensation         Contributions Required Under       Tensaction ID: 90129.E4551         Date of Disbursement       Disbursement For:       Disbursement For:         District:       District:       Disbursement For:       Disbursement For:         Purpose of D		TEE (In Full)											
Mailing Address       3048 Horizon Ln Apt 1103       12       01       2008         City       State       Zip Code       Anount of Each Disbursement this Period         Naples       FL       34103-8960       Refund or Disposal of Excess         Candidate Name       Category/ Type       Contributions Required Under       2000.00         Office Sought:       House       Disbursement For: President       Category/ Type       FUINDRAISING CONSULTING FEE         State:       District:       Disbursement For: President       District:       President         Mailing Address       1050 Connecticut Ave NW       Transaction ID: 90129.E4650       Date of Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period       Purpose of Disbursement this Period         City       State       Disbursement For: President       Category/ Type       1000.00       Refund or Disposal of Excess Contributions Required Under         Office Sought:       House       Disbursement For: President       Category/ Type       100.000       Refund or Disposal of Excess Contributions Required Under         State       Disbursement For: President       Disbursement For: President       Disbursement this Period         Mailing Address       PO Box 193       State       Zip Code       Amo	Mailing Address       3048 Horizon Ln Apt 1103       12       01       2008         City       State       Zip Code       Amount of Each Disbursement this Par         Naples       FL       34109-8960       Amount of Each Disbursement this Par         Purpose of Disbursement       Category/ Type       Category/ Type       2000.00         Office Sought:       House       Disbursement For:       Category/ Type       FUNDRAISING CONSULTING FE         State:       Distoursement For:       President       Disbursement For:       FUNDRAISING CONSULTING FE         Full Name (Last, First, Middle Initial)       Ashley Payne       Transaction ID: 90129,E4650       Date of Disbursement         Mailing Address       1050 Connecticut Ave NW       Dis 20036-5308       Amount of Each Disbursement this Per         Washington       DC       20036-5308       Amount of Each Disbursement this Per         Office Sought:       House       Disbursement For:       Category/ Type       Contributions Required Under         Office Sought:       House       Disbursement For:       Category/ Type       Category/ Type       20 0 8 Y         Office Sought:       House       Disbursement For:       President       Sate       Zip Code         Mailing Address       PO Box 193       Sate	· · ·	. ,						-		-		29.E	4545
Naples       FL       34109-8960       2000.00         Purpose of Disbursement fundraising consulting fee	Naples       FL       34109-8960         Purpose of Disbursement fundraising consulting fee	Mailing Address	3048 Horizon Ln	Apt 1103	;				1 <sup>M</sup> 2	2 <sup>M</sup>			Y	2008°
Tundrasing consulting fee	Indication of Disposed of Excess Cardidate Name       Refund or Disposed of Excess Cardigory/ Type         Office Sought:       House President       Disbursement For: Primary       General Other (specify) ▼         State:       District:       Disbursement For: President       Category/ Type       Full Name (Last, First, Middle Initial)         Ashley Payne       Mailing Address       1050 Connecticut Ave NW       Transaction ID: 90129, E4650 Date of Disbursement         City       State       Zip Code Washington       Amount of Each Disbursement this Per Category/ Type         Office Sought:       House President       Disbursement For: Other (specify) ▼       Amount of Each Disbursement this Per Category/ Type         Office Sought:       House President       Disbursement For: Other (specify) ▼       General Other (specify) ▼         State:       District:       Disbursement For: Other (specify) ▼       Category/ Type         Full Name (Last, First, Middle Initial)       Florida Business Information, Inc.       Transaction ID: 90129, E4551         Bell       Florida Business Information, Inc.       Transaction ID: 90129, E4551         Mailing Address       PO Box 193       Category/ Type       Transaction ID: 90129, E4551         Office Sought:       House       Disbursement For: Other (specify) ▼       Category/ Type       Transaction ID: 90129, E4551         Office So								Amo	ount c	of Each	Disbu		
Office Sought:       House Senate       Disbursement For: Other (specify) ▼       FUNDRAISING CONSULTING FEE         State:       District:       Other (specify) ▼       Full Name (Last, First, Middle Initial)         Ashley Payne       Mailing Address       1050 Connecticut Ave NW       Transaction ID: 90129.E4650 Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement this Period         Quidate Name       DC       20036-5308       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: Other (specify) ▼       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: Other (specify) ▼       Compensation       Compensation         State:       Disbursement For: District:       Disbursement For: Disbursement For: District:       General       ComPENSATION         Full Name (Last, First, Middle Initial)       President       Disbursement For: Disbursement       General       ComPENSATION         Mailing Address       PO Box 193       State       Zip Code       Amount of Each Disbursement this Period         Mailing Address       PO Box 193       State       Zip Code       Amount of Each Disbursement this Period         Mailing Address       PO Box 193       Category/ Type       130.00 <td>Office Sought:       House Senate President       Disbursement For: Primary Other (specify) ▼       FUNDRAISING CONSULTING FE         State:       District:       District:       Transaction ID: 90129,E4650 Date of Disbursement         Mailing Address       1050 Connecticut Ave NW       If 2 M / 15 / 2008 / DC 20036-5308       Amount of Each Disbursement this Per Washington         Purpose of Disbursement compensation Cardidate Name       Disbursement For: Disbursement For: President       Amount of Each Disbursement this Per 1000.00         Office Sought:       House Senate President       Disbursement For: Other (specify) ▼       ComPENSATION         Full Name (Last, First, Middle Initia) Florida Business Information, Inc.       Disbursement For: Disbursement For: President       ComPENSATION         Full Name (Last, First, Middle Initia) Florida Business Information, Inc.       Transaction ID: 90129,E4551 Date of Disbursement this Per 130.00         City Bell       State       Zip Code FL       Amount of Each Disbursement this Per 130.00         Office Sought:       House Senate       Disbursement For: Disbursement       Amount of Each Disbursement this Per 130.00         Office Sought:       House Senate       Disbursement For: Disbursement For: Desident       Disbursement For: Disbursement For: President       State       Zip Code Senate         Office Sought:       House Senate       Disbursement For: President       Disbursement For: District:&lt;</td> <td>fundraising consultir</td> <td></td> <td></td> <td></td> <td></td> <td>С</td> <td></td> <td></td> <td>Contr</td> <td>ibutions</td> <td>s Requ</td> <td>of Ex</td> <td>cess</td>	Office Sought:       House Senate President       Disbursement For: Primary Other (specify) ▼       FUNDRAISING CONSULTING FE         State:       District:       District:       Transaction ID: 90129,E4650 Date of Disbursement         Mailing Address       1050 Connecticut Ave NW       If 2 M / 15 / 2008 / DC 20036-5308       Amount of Each Disbursement this Per Washington         Purpose of Disbursement compensation Cardidate Name       Disbursement For: Disbursement For: President       Amount of Each Disbursement this Per 1000.00         Office Sought:       House Senate President       Disbursement For: Other (specify) ▼       ComPENSATION         Full Name (Last, First, Middle Initia) Florida Business Information, Inc.       Disbursement For: Disbursement For: President       ComPENSATION         Full Name (Last, First, Middle Initia) Florida Business Information, Inc.       Transaction ID: 90129,E4551 Date of Disbursement this Per 130.00         City Bell       State       Zip Code FL       Amount of Each Disbursement this Per 130.00         Office Sought:       House Senate       Disbursement For: Disbursement       Amount of Each Disbursement this Per 130.00         Office Sought:       House Senate       Disbursement For: Disbursement For: Desident       Disbursement For: Disbursement For: President       State       Zip Code Senate         Office Sought:       House Senate       Disbursement For: President       Disbursement For: District:<	fundraising consultir					С			Contr	ibutions	s Requ	of Ex	cess
Ashley Payne       Date of Disbursement         Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         Purpose of Disbursement       Category/         compensation       Category/         Cardidate Name       Disbursement For:         Office Sought:       House         Senate       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Category/       Type         Full Name (Last, First, Middle Initial)         Florida Business Information, Inc.         Mailing Address       PO Box 193         City       State       Zip Code         Bell       FL       32619-         Purpose of Disbursement       Category/         Type       Category/         Office Sought:       House         Disbursement       Category/         Type       Tasaction ID:       90129.E4551         Date of Disbursement       Mailing Address       PO Box 193         City       State       Zip Code         Bell       FL       32619-         Purpose of Disbursement       <	Ashley Payne       Mailing Address       1050 Connecticut Ave NW         City       State       Zip Code         Washington       DC       20036-5308         Purpose of Disbursement       Category/         Candidate Name       DC       20036-5308         Office Sought:       House       Disbursement For:         Category/       Category/       Transaction ID: 90129.E4551         State:       District:       Coher (specify)       Coher (specify)         Full Name (Last, First, Middle Initial)       Florida Business Information, Inc.       Transaction ID: 90129.E4551         Date of Disbursement       Disbursement For:       Coher (specify)       2008         City       State       Zip Code       Amount of Each Disbursement this Per         Mailing Address       PO Box 193       Category/       Transaction ID: 90129.E4551         Date of Disbursement       Mailing Address       PO Box 193       Amount of Each Disbursement this Per         Gity       State       Zip Code       Amount of Each Disbursement this Per         Gadidate Name       Category/       Type       Mailing Address         Office Sought:       House       Disbursement For:       Refund or Disposal of Excess         Cantributions Required Under       Othe		Senate President		Primary			, îhe	FUN	DRA	AISING	g con	ISUL	TING FE
City       State       Zip Code         Washington       DC       20036-5308         Purpose of Disbursement       Office Sought:       House         Candidate Name       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         President       Disbursement For:       Compensation       Compensation         Full Name (Last, First, Middle Initial)       Primary       General       COMPENSATION         Four data and the initial       Disbursement For:       State       20 0 8         Mailing Address       PO Box 193       Amount of Each Disbursement this Peric         City       State       Zip Code         Bell       FL       32619-         Purpose of Disbursement       Full or Disposal of Excess         Candidate Name       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       Senate         President       Disbursement For:       Senate       President         Office Sought:       House       Disbursement For:       NEWSPAPER CLIPPING SERVICE         Office Sought:	City       State       Zip Code         Washington       DC       20036-5308         Purpose of Disbursement       000.00         Candidate Name       Category/ Type         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Florida Business Information, Inc.         Mailing Address       PO Box 193         City       State         Quipose of Disbursement For:         City       State         Purpose of Disbursement         Mailing Address       PO Box 193         City       State         Purpose of Disbursement newspaper clipping service         Candidate Name         Office Sought:       House         Disbursement For:         Senate       Disbursement For:         Category/ Type       130.00         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53         Disbursement For:         Senate       President         Office Sought:       House         Senate       President<	· · ·	st, Middle Initial)						Date	e of D	isburse	ement		
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Friends of Comine Mack Full Name (Last, First, Middle Initial) Edonation 1 Account Mailing Address 118 N Saint Asaph St City Alexandria VA 22314-3110 Purpose of Disbursement Alexandria VA 22314-3110 Purpose of Disbursement Category Type Office Sought: House Disbursement For: Category Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus) Mailing Address PO Box 15710 City Willinington DE 19886-5710 Purpose of Disbursement Category Type Office Sought: House Disbursement For: Category Type City Willinington DE 19886-5710 Purpose of Disbursement Category Type Office Sought: House Disbursement For: Category Type City Willinington DE 19886-5710 Purpose of Disbursement Mailing Address 850 Springfield Rd. Po Box 15710 City Mailing Address 850 Springfield Rd. Po Box 319 City Union Name Category Type Office Sought: House Disbursement Mailing Address 850 Springfield Rd. Po Box 319 City Union Name Category Type Office Sought: House Disbursement Mailing Address 850 Springfield Rd. Po Box 319 City Union Name Category Type Office Sought: House Disbursement Mailing Address 850 Springfield Rd. Po Box 319 City Union Name Category Type Office Sought: House Disbursement Gategory Type Office Sought: House Disbursement Gategory Type Office Sought: House Disbursement Gategory Type Office Sought: House Disbursement Mailing Address 850 Springfield Rd. Po Box 319 City Union Name Category Type Office Sought: House Disbursement For: Category Type Office Sought: House Disbursement Mailing Address 850 Springfield Rd. Po Box 319 City Category Type Office Sought: House Disbursement For: Category Category Type Office Sought: House Disbursement Fo	II EMIZED DIS	BURSEMENT	IS				`	x	, 17	$\square$		Π		$\square$	
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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	-	NUMBER: PAGE 9/28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	and address of dry pointed		
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 90129.E4579 Date of Disbursement
Mailing Address P. O. Box 360002			$12^{M} / 19^{J} / 2008^{Y}$
City Fort Lauderdale	State Zip Code FL 33336-		Amount of Each Disbursement this Peric
Purpose of Disbursement			16111.91
CREDIT CARD: SEE BELOW Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial) Avis Rent-A-Car			Transaction ID: 90129.E4611 Date of Disbursement
Mailing Address 6 Sylvan Way			$12^{M} 12^{M} 19^{I} 2008^{I}$
City Parsippany	State Zip Code NJ 07054-		Amount of Each Disbursement this Perio
Purpose of Disbursement		187.21	
travel expense- car rental Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL EXPENSE- CAR RENTAL
Full Name (Last, First, Middle Initial) Bellasera Resort			Transaction ID: 90129.E4586 Date of Disbursement
Mailing Address 221 South 9th Street			$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} \begin{pmatrix} D & D \\ 1 & 9 \\ \end{array} \begin{pmatrix} Y & Y \\ 2 & 0 \\ 0 & 8 \\ \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{pmatrix} Y \\ Y$
City Naples	State Zip Code FL 34102-		Amount of Each Disbursement this Perio
Purpose of Disbursement Election Night Event			3022.29
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only			PAGE	10 / 28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, j	<17 11		9a 0c	19b 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan	ments may not be sold or used by	any person fo	or the purpose	of solicitin	g contri	butions
	ne and address of any political con	nmittee to soli		is from su	ch comi	mittee
NAME OF COMMITTEE (In Full) Friends of Connie Mack						
Full Name (Last, First, Middle Initial) The Capital Grille			Transaction Date of Dist	oursement	29.E4	629
Mailing Address 601 Pennsylvania Ave.,	N.W.		12	<sup>D</sup> <b>1</b> 9	Y 2	
City Washington	StateZip CodeDC20004-		Amount of E	ach Disbu		
Purpose of Disbursement	Г					150.00
meals Candidate Name		ategory/ Type	Contribu 11 C.F.F			
Senate President	ement For: Primary General Other (specify) <b>V</b>		<b>[memo iti</b> Memo: Me	-		
State: District:						
Full Name (Last, First, Middle Initial) Costco			Transaction	oursement		
Mailing Address 7171 Cypress Lake Driv	e		12	<sup>D</sup> 1 9	2	2008 <sup>°</sup>
City Fort Myers	State Zip Code FL 33907-		Amount of E	ach Disbu		nt this Perio
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Full Name (Last, First, Middle Initial) Office Depot			Transaction Date of Dist		29.E4	-587
Mailing Address 1590 N. Federal Highwa	ау		1 <sup>°</sup> 2 <sup>°</sup>	<sup>D</sup> <b>1 9</b>	Y 2	
City Fort Lauderdale	State Zip Code FL 33305-		Amount of E	ach Disbu		
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ITEMIZED DISBORSEMENTS       for each category of the Dataled Summary Page       IT       17       18       19a       20b         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contrelited to presolicit from such committee to solicit con	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE I			PAGE	11 / 28
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com         NAME OF COMMITTEE (in Full)         Friends of Connie Mack         Full Name (Last, First, Middle Initial)         Mailing Address       12870 Cleveland Avenue         City       State         Purpose of Disbursement         meals       Category         Office Sought:       House         President       Disbursement For:         Purpose of Disbursement       Other (specify)         State:       Disbursement For:         President       Other (specify)         State:       Disbursement For:         Purpose of Disbursement       Transaction ID: 90129,E4         Date of Disbursement       Other (specify)         Full Name (Last, First, Middle Initial)       Transaction ID: 90129,E4         Target       Mailing Address         Mailing Address       13711 S. Tamiami Trail         City       State       Disbursement for:         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement for:         Purpose of Disbursement       Category/ Type         Office Kax       Disbursement for:         State:	I EMIZED DISBURSEMENTS		1` <u>-</u>	ر 17 🗋 .			19b 21
NAME OF COMMITTEE (in Full)         Friends of Connie Mack         Full Name (Last, First, Middle Initial)         Olive Garden         Mailing Address       12870 Cleveland Avenue         City       State       Zip Code         Fort Myers       FL       33907-         Purpose of Disbursement       Category/       Transaction ID: 90129, E4         Office Sought:       House       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       MEMO ITEM]         Mailing Address       13711 S. Tamiami Trail       Transaction ID: 90129, E4         City       State       Zip Code       Amount of Each Disbursement         Full Name (Last, First, Middle Initial)       Transaction ID: 90129, E4       Date of Disbursement         Target       Other (specify) ▼       Amount of Each Disbursement       To Py for	Any Information copied from such Reports and Stater	nents may not be sold or used by	any person fo	or the purpose	e of solicitir	ng contrib	utions
Olive Garden       Date of Disbursement         Mailing Address       12870 Cleveland Avenue         City       State       Zip Code         Purpose of Disbursement       Refund or Disposal of Exc.         Cardidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Purpose of Disbursement       President         Office Sought:       House         District:       Disbursement For:         Purpose of Disbursement       President         Office Sought:       House         District:       Disbursement For:         Purpose of Disbursement       President         Mailing Address       13711 S. Tamiami Trail         City       State         Purpose of Disbursement       President         Purpose of Disbursement       President         Office Sought:       House         Disbursement       Other (specify) ▼         State:       Disbursement For:         Office Sought:       House         Office Sought:       House         Disbursement       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Other (specify) ▼         Office Max	NAME OF COMMITTEE (In Full)						
City       State       Zip Code         Fort Myers       FL       33907-         Purpose of Disbursement       Categoryi       Transaction ID: 90129.E4         Cardidate Name       Disbursement For:       Categoryi         Office Sought:       House       Disbursement For:       MEMO: TEMJ         Purpose of Disbursement       President       Other (specify) ▼       Transaction ID: 90129.E4         Full Name (Last, First, Middle Initial)       Transaction ID: 90129.E4       Date of Disbursement         Target       Mailing Address       13711 S. Tamiami Trail       MEMO: TEMJ         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement event supplies       Categoryi       Y       Zite Contributions Required UI         Cardidate Name       Disbursement For:       Befund or Disposal of Exc       Cardidate Name         Office Sought:       House       Disbursement For:       Categoryi       Transaction ID: 90129.E4         State:       District:       Disbursement For:       Categoryi       MEMO TEMJ         Mailing Address       5100 S. Cleveland Avenue       Transaction ID: 90129.E4       Date of Disbursement         Cardidate Name       Categoryi       Transaction ID: 90129.E4       Date of Disbursement							624
Fort Myers       FL       33907-         Purpose of Disbursement meals       Category/ Type       Perfund or Disposal of Exc Contributions Required Un 11 C.FR. 400.53         Office Sought:       House President       Disbursement For:       Image: Contributions Required Un 11 C.FR. 400.53         State:       District:       Primary       General Other (specify)       Transaction ID: 90129.E4         Full Name (Last, First, Middle Initial)       Target       Transaction ID: 90129.E4         Mailing Address       13711 S. Tamiami Trail       Transaction ID: 90129.E4         City       State       Zip Code Fort Myers       Amount of Each Disbursement event supplies         Candidate Name       Disbursement For:       Contributions Required Un 11 C.FR. 400.53         Office Sought:       House       Disbursement For:         President       Disbursement For:       MEMO: EVENT SUPPLIE         Full Name (Last, First, Middle Initial)       Other (specify)       Transaction ID: 90129.E4         Office Max       Mailing Address       5100 S. Cleveland Avenue       Transaction ID: 90129.E4         City       State       Zip Code Fort Myers       Amount of Each Disbursement Other (specify)       Amount of Each Disbursement President         Office Max       Mailing Address       5100 S. Cleveland Avenue       Edund or Disposal of Exc Contr	Mailing Address 12870 Cleveland Avenue	9		1 <sup>2</sup> /	<sup>D</sup> 1 9	Ý Ž	0 0 8 <sup>Y</sup>
meals       Category/ Type       Category/ Type       Refund or Disposal of Exc. Contributions Required U 11 C.F.R. 400.53         Office Sought:       House Senate President       Disbursement For: Primary General Other (specify) ▼       Image: Contributions Required U 11 C.F.R. 400.53         Full Name (Last, First, Middle Initial) Target       Transaction ID: 90129.E4 Date of Disbursement         Mailing Address       13711 S. Tamiami Trail         City For Myers       State       Zip Code FL         Purpose of Disbursement event supplies       Primary General Other (specify) ▼       Amount of Each Disbursement Refund or Disposal of Exc. Contributions Required U Disbursement For: Primary General         Office Sought:       House Senate       Disbursement For: Primary General       Amount of Each Disbursement Category' Type         Office Sought:       House Disbursement For: President       Disbursement For: Primary General       Transaction ID: 90129.E4 Date of Disbursement Other (specify) ▼         Full Name (Last, First, Middle Initial) Office Max       Transaction ID: 90129.E4 Date of Disbursement         Mailing Address       5100 S. Cleveland Avenue       Transaction ID: 90129.E4 Date of Disbursement         City Category' Type       Tassection ID: 90129.E4 Date of Disbursement       President         Office Max       Disbursement For: Propose of Disbursement       Refund or Disposal of Exc. Contributions Required U Disbursement For: President				Amount of	Each Disb		
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City       State       Zip Code         Fort Myers       FL       33912-         Purpose of Disbursement       Purpose of Disbursement       Parpose of Disbursement         event supplies       Category/ Type       Refund or Disposal of Exc Contributions Required Un 11 C.F.R. 400.53         Office Sought:       House       Senate       Primary       General         Office Sought:       District:       Other (specify) ▼       MEMO: EVENT SUPPLIE         Full Name (Last, First, Middle Initial)       Other (specify) ▼       Transaction ID: 90129.E4         Office Max       Mailing Address       5100 S. Cleveland Avenue       Mailing Address         City       State       Zip Code       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       Category/ Type       Refund or Disposal of Exc Contributions Required Un 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Category/ Type       MEMO: OFFICE SUPPLIE         Office Sought:       House       Disbursement For:       Memo TEEN]       MEMO: OFFICE SUPPLIE	Full Name (Last, First, Middle Initial) Target			Date of Dis	bursemen	t	32 0 0 8 <sup>×</sup>
Fort Myers       FL       33912-         Purpose of Disbursement event supplies       Refund or Disposal of Exc Category/ Type         Candidate Name       Category/ Type         Office Sought:       House Senate       Disbursement For: President       Category/ Type         State:       District:       MEMO : EVENT SUPPLIE         Full Name (Last, First, Middle Initial)       Office Max       Transaction ID: 90129.E4 Date of Disbursement         Mailing Address       5100 S. Cleveland Avenue       Mailing Address       5100 S. Cleveland Avenue         City       State       Zip Code Fort Myers       Amount of Each Disbursement office supplies       Amount of Each Disbursement Category/ Type         Office Sought:       House       Disbursement For: President       Category/ Type       Memount of Each Disbursement Category/ Type         Office Sought:       House       Disbursement For: President       Category/ Type       Memount of Each Disbursement Category/ Type         Office Sought:       House       Disbursement For: President       Memount of Each Disbursement Category/ Type       Memount of Each Disbursement Category/ Type         State:       Disbursement For: President       Other (specify) ♥       Memount of Each Disbursement	Mailing Address 13711 S. Tamiami Trail			12	19	2	008
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City       State       Zip Code         Fort Myers       FL       33907-         Purpose of Disbursement       Office supplies       Refund or Disposal of Exc         Candidate Name       Category/ Type       Refund or Disposal of Exc         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       MEMO: OFFICE SUPPLIE				Date of Dis	bursemen	t	
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office supplies       Category/ Type       Refund or Disposal of Exc Contributions Required Un 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Image: Category/ Type         Office Sought:       House       Disbursement For:       Image: Category/ Type         Office Sought:       House       Disbursement For:       Image: Category/ Type         President       Other (specify)       Image: Category/ Type       Image: Category/ Type         State:       District:       Other (specify)       Image: Category/ Type	Fort Myers			Amount of	Each Disb	ursement	this Perio 8.98
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r for communical purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Prinends of Connie Mack  Full Name (Last, First, Middle Initial) Party City  Mailing Address 5025 Cleveland Ave.  City Catiogant Office Sought House Disbursement For: District: Disbursement Category/ Type Category/ Category/ Type Category/ Type Category/ Category/ Type Category/ Category/ Type Category/ Category/ Category/ Type Category/ Category/ Type Category/ Category/ Type Category Category/ Type Category Catego				
NAME OF COMMITTEE (in Full)         Friends of Cornie Mack         Full Name (Last, First, Middle Initial)         Party City         Mailing Address 5025 Cleveland Ave.         City         Fort Myers         Full Name (Last, First, Middle Initial)         Purpose of Disbursement         event supplies         Category         Category         Transaction ID: 90129, E4633         Office Sought:         Basing Address 34 Broad Street         City         City Prepared         State:         District:         Full Name (Last, First, Middle Initial)         Simulscribe Inc         Mailing Address 34 Broad Street         City         City and Name         Category:         City and Name         Office Sought:         Disbursement         City         Purpose of Disbursement         City         City         Mailing Address         1000 Crosspointe Dr         City         Mailing Address         1000 Crosspointe Dr         City         State:       District:         Purpose of Dis				
Party City       Mailing Address       5025 Cleveland Ave.         City       State       Zip Code         Fort Myers       FL       33907-         Purpose of Disbursement       Category         Candidate Name       Category         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         President       District:       Other (specify) ▼         State:       District:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Simulscribe Inc         Mailing Address       34 Broad Street         City       State       Zip Code         Nu       07701-         Purpose of Disbursement       President         Distorsement       Category/         Type       Other (specify) ▼         Office Sought:       House         Disbursement       Category/         Type       Tassaction ID: 90129.E4613         Date of Disbursement ther       President         State:       Disbursement For:         Purpose of Disbursement       Primary         Griegory/       Transaction ID: 90129.E4640         Date of Disbursement       Category/      <	NAME OF COMMITTEE (In Full)			
Mailing Address       5025 Cleveland Ave.       12       19       2008         City       State       Zip Code       Amount of Each Disbursement this Period Under         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period Under         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         Full Name (Last, First, Middle Initial)       Distursement For:       Transaction ID: 90129.E4613         Simulscribe Inc       NJ       07701-         Purpose of Disbursement       Category/ Type       Y 2 0 0 8         Office Sought:       House       Disbursement For:         Purpose of Disbursement       Category/ Type       Y 2 0 0 8         Office Sought:       House       Disbursement For:         Purpose of Disbursement       Category/ Type       Y 2 0 0 8         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       Amount of Each Disbursement				29.E4634
Fort Myers       FL       33907-         Purpose of Disbursement	Mailing Address 5025 Cleveland Ave.		12 <sup>M</sup> /19 <sup>/</sup>	Ý 2008
Proposed of Discontinuity       Prevent supplies         Cardidate Name       Category/ Type         Office Sought:       House Senate       Disbursement For: Prevident         Office Sought:       District:         Full Name (Last, First, Middle Initial)       State         Simulscribe Inc       Mailing Address         Address       34 Broad Street         City       State         Category/ Type       Office Sought:         President       Disbursement For: Category/ Type         Purpose of Disbursement messaging service       Disbursement For: Category/ Type         Office Sought:       House President         Disbursement messaging service       Disbursement For: President         Category/ Type       Disbursement For: President         Office Sought:       House President         Disbursement event expense       Category/ Type         City       State         Naples       FL         Senate       President         Office Sought:       House         Office Sought:       Disbursement For: President         City       State       Zip Code         Naples       FL       34110-0917         President       Disbursement For: Category/ Type       Tense			Amount of Each Disbu	
Office Sought:       House Senate       Disbursement For: Primary Other (specify) ▼       Image: Control of the specify Primary Other (specify) ▼       Image: Control of the specify Primary Prim	event supplies		tegory/ Contributions Requ	l of Excess
Full Name (Last, First, Middle Initial)       Transaction ID: 90129,E4613         Simulscribe Inc       Date of Disbursement         Mailing Address       34 Broad Street         City       State       Zip Code         Red Bank       NJ       07701-         Purpose of Disbursement       29.95         Reduct Rame       Category/         Candidate Name       Category/         Office Sought:       House         Disbursement For:       Category/         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       ABC Fine Wine & Spirits         Mailing Address       1000 Crosspointe Dr         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement expense       Category/         Cardidate Name       Disbursement For:         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement expense       Category/         Cardidate Name       Disbursement For:         Office Sought:       House         Senate       Primary       General <td< td=""><td>Senate President</td><td>ement For: Primary General</td><td></td><td>PPLIES</td></td<>	Senate President	ement For: Primary General		PPLIES
City       State       Zip Code         Red Bank       NJ       07701-         Purpose of Disbursement       29.95         messaging service       Category/ Type       29.95         Candidate Name       Category/ Type       Category/ Type       Category/ The Mo.ss         Office Sought:       House       Disbursement For:       Category/ Type       Category/ Type         State:       District:       Disbursement For:       MEMO ITEM]         State:       District:       Other (specify) ▼       MEMO: MESSAGING SERVICE         Full Name (Last, First, Middle Initial)       ABC Fine Wine & Spirits       Transaction ID: 90129.E4640         Mailing Address       1000 Crosspointe Dr       12 .F.R. 400.53         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement event expense       Category/ Type       Transaction ID: Sposal of Excess         Candidate Name       Disbursement For:       Category/ Type       State         Office Sought:       House       Disbursement For:       MEMO: EVENT EXPENSE         Office Sought:       House       Disbursement For:       MEMO: EVENT EXPENSE         Office Sought:       House       Disbursement For:       MEMO: EVENT	Full Name (Last, First, Middle Initial) Simulscribe Inc		Date of Disbursement	
Red Bank       NJ       07701-         Purpose of Disbursement       29.95         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         ABC Fine Wine & Spirits         Mailing Address       1000 Crosspointe Dr         City       State         Naples       FL         Senate       Primary         Office Sought:       House         Mailing Address       1000 Crosspointe Dr         City       State         Naples       FL         Gandidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         Purpose of Disbursement       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Other (specify)       MEMO: EVENT EXPENSE      <	Mailing Address 34 Broad Street			2008
Publics of Disbursement Tor:       Category/ Type         Office Sought:       House         Disbursement For:       Primary         Office Sought:       House         Disbursement For:       MEMO ITEM]         Memo: MESSAGING SERVICE         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         ABC Fine Wine & Spirits         Mailing Address       1000 Crosspointe Dr         City       State         Naples       FL         Candidate Name       Category/         Office Sought:       House         Office Sought:       Bibursement Evernt         City       State         Naples       FL         Gandidate Name       Category/         Office Sought:       House         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       General         Office Sought:       Disbursement For:         President       Other (specify)       MEMO: EVENT EXPENSE			Amount of Each Disbu	
Office Sought:       House       Disbursement For:       It C.F.R. 400.53'         Office Sought:       President       Primary       General         Other (specify)       It C.F.R. 400.53'       IMEMO ITEM]         Mailing Address       District:       Other (specify)       It C.F.R. 400.53'         Full Name (Last, First, Middle Initial)       ABC Fine Wine & Spirits       It C.F.R. 400.53'         Mailing Address       1000 Crosspointe Dr       It C.F.R. 400.53'         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement event expense       Category/ Type       State         Candidate Name       Disbursement For:       Category/ Type       Senate         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       MEMO ITEM]         State:       District:       Other (specify)       It C.F.R. 400.53'         State:       District:       Other (specify)       It C.F.R. 400.53'         Image: State:       District:       Other (specify)       It C.F.R. 400.53'	messaging service			l of Excess
Office Sought:       House       Disbursement For:       MEMO: MESSAGING SERVICE         State:       District:       Other (specify) ▼       MEMO: MESSAGING SERVICE         Full Name (Last, First, Middle Initial)       ABC Fine Wine & Spirits       Transaction ID: 90129.E4640         Mailing Address       1000 Crosspointe Dr       12 ° ° 1 ° 1 ° ° 2 0 ° 8 °         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement       550.12         event expense       Candidate Name         Office Sought:       House         Senate       Disbursement For:         President       Disbursement For:         Senate       Disbursement For:         Office Sought:       House         Disbursement For:       General         Other (specify) ▼       MEMO: EVENT EXPENSE         Subtrottal of Disbursements This Page (optional)       0.00			11 C.F.R. 400.53	
Full Name (Last, First, Middle Initial) ABC Fine Wine & Spirits       Transaction ID: 90129.E4640 Date of Disbursement         Mailing Address       1000 Crosspointe Dr         City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement event expense       Each Disbursement for:         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         State:       District:         Subtrottal of Disbursements This Page (optional)       Other (specify)	Senate President	Primary General		IG SERVICE
City       State       Zip Code         Naples       FL       34110-0917         Purpose of Disbursement	Full Name (Last, First, Middle Initial)		Date of Disbursement	29.E4640
Naples       FL       34110-0917         Purpose of Disbursement event expense       550.12         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:	Mailing Address 1000 Crosspointe Dr		M 2 M / D 9 /	°2008
avent expense       Category/ Type         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:			Amount of Each Disbu	
Candidate Name       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Image: Contribution of the con			Refund or Disposa	l of Excess
Office Sought:       House       Disbursement For:       MEMO: EVENT EXPENSE         Senate       President       Other (specify)       MEMO: EVENT EXPENSE         State:       District:       0.00			tegory/ Contributions Required 11 C.F.R. 400.53	uired Under
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		PENSE
			<b></b>	0.00

CHEDULE B (FEC Form 3)	Use separate schedule(s)		NUMBER: PAGE 13/28
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	X         17         18         19a         19b           20a         20b         20c         21
y Information copied from such Reports and State or commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless			Transaction ID: 90129.E4593 Date of Disbursement
Mailing Address PO Box 31488			12 <sup>M</sup> /19 <sup>V</sup> /2008 <sup>V</sup>
City Tampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
Purpose of Disbursement		· · ·	494.42
telephone service Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		MEMO: TELEPHONE SERVICE
Full Name (Last, First, Middle Initial)			Transaction ID: 90129.E4638
Bonita Springs Self Storage			Date of Disbursement
Mailing Address 8953 Terrene Court			12 <sup>M</sup> /19 <sup>/</sup> Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bonita Springs	State Zip Code FL 34135-		Amount of Each Disbursement this Perio
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	157.94
storage Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: STORAGE
Full Name (Last, First, Middle Initial) Capitol Hill Club			Transaction ID: 90129.E4594 Date of Disbursement
Mailing Address 300 First Street, S.E.			$12^{M} 2^{M} / 19^{D} / 2008^{Y}$
City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Perio
Purpose of Disbursement			3539.61
Event Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼	2 F -	[MEMO ITEM] MEMO: EVENT EXPENSE
JBTOTAL of Disbursements This Page (optiona	l)	►	0.00
<b>DTAL</b> This Period (last page this line number on	(v)		
AN018	J/ ····	····· •	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only		PAGE 14/28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1`	X 17 18 20a 20b	19a 19b 20c 21
Any Information copied from such Reports and State				
r for commercial purposes, other than using the nar	ne and address of any political co	mmittee to so	icit contributions from s	uch committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial)			Transaction ID 00	
Capitol Hill Club			Transaction ID: 90 Date of Disbursemen	nt
Mailing Address 300 First Street, S.E.			12 19	<sup>2</sup> 2008
City Washington	StateZip CodeDC20003-		Amount of Each Disl	
Purpose of Disbursement	Г	v v		125.51
meals Candidate Name		Category/	Refund or Dispos	quired Under
		Туре	11 C.F.R. 400.53 [MEMO ITEM]	j
Senate President	sement For: Primary General Other (specify) ▼		MEMO: MEALS	
State: District:				
Full Name (Last, First, Middle Initial) Chops City Grill			Transaction ID: 90 Date of Disbursemen	
Mailing Address 837 5th Avenue South			12 <sup>M</sup> /19	<sup>7</sup> 2008
City Naples	State Zip Code FL 34102-		Amount of Each Disl	oursement this Per
Purpose of Disbursement	12 04102			118.37
meals			Refund or Dispos	
Candidate Name	C	Category/ Type	Contributions Re 11 C.F.R. 400.53	quired Under
Senate President	sement For: Primary General Other (specify) ▼		MEMO: MEALS	
State: District:				
Full Name (Last, First, Middle Initial) FedEx			Transaction ID: 90 Date of Disbursemen	nt
Mailing Address P. O. Box 1140			12 <sup>M</sup> /19	Ý ŽOŎ8Ÿ
City Memphis	StateZip CodeTN38101-		Amount of Each Disl	
Purpose of Disbursement	Г			198.26
express mail delivery Candidate Name		Category/ Type	Refund or Dispos Contributions Re 11 C.F.R. 400.53	quired Under
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼	. 760	<b>[memo item]</b> Memo: Express Ry	MAIL DELIVE-
State: District:				
SUBTOTAL of Disbursements This Page (optional	)	►		0.00
TOTAL This Period (last page this line number onl	y)	►		
5AN018			FEC Schedule B	(Form 3) (Revis

During Information copied from such Reports and Statements r for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial)		any person fo	
r for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial)			
NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial)			
FedEx			Transaction ID: 90129.E4584 Date of Disbursement
Mailing Address P. O. Box 1140			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
City State Memphis TN	e Zip Code 38101-		Amount of Each Disbursement this Per
Purpose of Disbursement express mail delivery Candidate Name		Category/	159.08 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disbursemen Senate Prir		Туре	11 C.F.R. 400.53 [MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY
Full Name (Last, First, Middle Initial) Hess			Transaction ID: 90129.E4628 Date of Disbursement
Mailing Address 3200 Colonial Blvd			<sup>M</sup> 12 <sup>M</sup> / 19 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	e Zip Code 33966-1032		Amount of Each Disbursement this Per
Purpose of Disbursement travel expense- gas			41.50 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	t For: mary General ner (specify) <b>V</b>		MEMO: TRAVEL EXPENSE- GAS
Full Name (Last, First, Middle Initial) Staples			Transaction ID: 90129.E4588 Date of Disbursement
Mailing Address 2774 East Colonial Drive			<sup>M</sup> 2 <sup>M</sup> / <sup>1</sup> 2 <sup>D</sup> / <sup>1</sup> 1 <sup>D</sup> / <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 8 <sup>Y</sup>
City State Orlando FL	e Zip Code 32803-		Amount of Each Disbursement this Per
Purpose of Disbursement office supplies Candidate Name		Catagon/	190.77 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disbursemen		Category/ Type	II C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	ner (specify)		
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUN	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 1	
Any Information copied from such Reports and Stater			
or for commercial purposes, other than using the nam	ie and address of any political col	nmittee to solicit c	ontributions from such committee
AME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Least First Middle Initial)			
Full Name (Last, First, Middle Initial) The Edison		D	ansaction ID: 90129.E4637 ate of Disbursement
Mailing Address 3583 McGregor Blvd		Ŀ	
City Fort Myers	State Zip Code FL 33901-7719	A	mount of Each Disbursement this Per
Purpose of Disbursement			23.00
meals			Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 EMO ITEM]
Senate President	ement For: Primary General Other (specify) ▼		EMO: MEALS
State: District:			
Full Name (Last, First, Middle Initial) The UPS Store			ansaction ID: 90129.E4641 ate of Disbursement
Mailing Address 5100 S. Cleveland Aven	ue, #318		M 2 M / D D / Y Y Y Y Y 1 9 / 2 0 0 8
City	State Zip Code	A	mount of Each Disbursement this Per
Fort Myers	FL 33907-		107.00
Purpose of Disbursement mail forwarding service	Г		197.39
Candidate Name		ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼	[ <b>M</b>	EMO ITEM] EMO: MAIL FORWARDING SEF CE
State: District:			
Full Name (Last, First, Middle Initial) US Airways			ansaction ID: 90129.E4591 ate of Disbursement
Mailing Address 7 Park Center			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Pittsburgh	State Zip Code PA 15220-	A	mount of Each Disbursement this Per
Purpose of Disbursement			979.50
travel expense- airline tickets			Refund or Disposal of Excess
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 EMO ITEM]
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼	M	EMO TRAVEL EXPENSE- AIR- NE TICKETS
State: District:			
SUBTOTAL of Disbursements This Page (optional)		····· •	0.00
TOTAL This Period (last page this line number only	)	🕨	
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	B (FEC Form 3)	Use separate schedule(s) for each category of the	(check only		
		Detailed Summary Page		X         17         18         19a         19t           20a         20b         20c         21	
				for the purpose of soliciting contributio vlicit contributions from such committee	
	MMITTEE (In Full)	The and address of any pointed of			<u> </u>
Friends of C	( /				
	st, First, Middle Initial) f Rep. Gift Shop			Transaction ID: 90129.E4618 Date of Disbursement	
Mailing Addres	B-217 Longworth Bldg.			12 <sup>M</sup> /19 <sup>/</sup> 200	8 <sup>Y</sup>
City Washington		StateZip CodeDC20515-		Amount of Each Disbursement this	
Purpose of Dis		Г		73.	17
campaign sup Candidate Nar	-		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought:	House Disbur Senate President District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CAMPAIGN SUPPLIE	S
State:					
USPS	st, First, Middle Initial)			Transaction ID: 90129.E4619 Date of Disbursement	
Mailing Addres	1050 Connecticut Ave,	NW			8
City Washington		StateZip CodeDC20036-		Amount of Each Disbursement this	
Purpose of Dis mail services	sbursement			84. Refund or Disposal of Excess	00
Candidate Nar	-		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought:	House Disbur Senate President	sement For: Primary General Other (specify) ▼		MEMO: MAIL SERVICES	
State:	District:				
Full Name (La Useppa Inn	st, First, Middle Initial) and Dock			Transaction ID: 90129.E4580 Date of Disbursement	_
Mailing Addres	ss PO Box 640			12 <sup>M</sup> /19 <sup>/</sup> 200	8 <sup>°</sup>
City Bokeelia		State Zip Code FL 33922-0640		Amount of Each Disbursement this	
Purpose of Dis		Г		387.	84
Event expense Candidate Nar			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought:	House Disbur Senate President	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EVENT EXPENSE	
State:	District:				
SUBTOTAL of D	isbursements This Page (optional	)	►	0.0	00
TOTAL This Per	iod (last page this line number onl	у)	►		
E5AN018				FEC Schedule B (Form 3) (F	Revise

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 18/	28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ì	X     17     18     19a     19b       20a     20b     20c     21	
Any Information copied from such Reports and State				3
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Alis Pizza			Transaction ID: 90129.E4621 Date of Disbursement	
Mailing Address 1382 E Capitol St NE			12 <sup>M</sup> /19 <sup>/</sup> 2008	3 ~
City Washington	State Zip Code DC 20003-1533		Amount of Each Disbursement this I	-
Purpose of Disbursement meals Candidate Name		Category/ Type	59.4 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	8
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM] MEMO: MEALS	
Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House	Bd		Transaction ID: 90129.E4612 Date of Disbursement	3 <sup>Y</sup>
City Arlington	State Zip Code VA 22201-		Amount of Each Disbursement this I	0
Purpose of Disbursement telephone service			Refund or Disposal of Excess	9
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		MEMO: TELEPHONE SERVIC	Ξ
Full Name (Last, First, Middle Initial) United Airlines			Transaction ID: 90129.E4620 Date of Disbursement	
Mailing Address 2 North LaSalle St			12 <sup>M</sup> /19 <sup>/</sup> 2008	3 <sup>Y</sup>
City Chicago	State Zip Code IL 60602-		Amount of Each Disbursement this I	-
Purpose of Disbursement travel expense- airline tickets			1289.0 Refund or Disposal of Excess	J
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		MEMO: TRAVEL EXPENSE- A	IR-
SUBTOTAL of Disbursements This Page (optional)	·	····· <b>Þ</b>	0.0	Q
TOTAL This Period (last page this line number only	/)	►		
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	E B (FEC Form 3) DISBURSEMENTS	Use separate schedule(s) for each category of the	(check onl	<u> </u>	
		Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21	
				for the purpose of soliciting contribution licit contributions from such committee	
NAME OF C	OMMITTEE (In Full) Connie Mack				
, Full Name (L The Palm	ast, First, Middle Initial)			Transaction ID: 90129.E4582 Date of Disbursement	
Mailing Addre	ess 1225 19th Street, NW				8 <sup>Y</sup>
City Washingto	n	State Zip Code DC 20036-		Amount of Each Disbursement this	-
Purpose of D meals Candidate Na			Category/	240.0 Refund or Disposal of Excess Contributions Required Under	00
Office Sough		rsement For: Primary General Other (specify) ▼	Type	II C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
`	ast, First, Middle Initial) Chophouse & Wine Bar			Transaction ID: 90129.E4617 Date of Disbursement	Y
Mailing Addre	ess 23161 Village Shops V	Vay		$12^{M} / 19 / 200$	8
City Estero		State Zip Code FL 33928-		Amount of Each Disbursement this	
Purpose of D meals				25.3 Refund or Disposal of Excess	30
Candidate Na Office Sough State:		rsement For: Primary General Other (specify) ▼	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [ <b>MEMO ITEM]</b> MEMO: MEALS	
	ast, First, Middle Initial) Chophouse & Wine Bar			Transaction ID: 90129.E4626 Date of Disbursement	
Mailing Addre	ess 23161 Village Shops V	Vay			8 <sup>Y</sup>
City Estero		State Zip Code FL 33928-		Amount of Each Disbursement this	-
Purpose of D meals	isbursement			52.5	0
Candidate Na	ame		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sough State:	t: House Disbu Senate President District:	rsement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS	
		al)	►	0.0	0
TOTAL This Pe	eriod (last page this line number or	ıly)	►		
E5AN018				FEC Schedule B (Form 3) (Re	evise

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

	B (FEC Form 3)	for each o	rate schedule(s) category of the Summary Page	FOR LINE (check onl	E NUMBER: PAGE 21 / 28 ly one) X 17 18 19a 19b
					20a 20b 20c 21
					for the purpose of soliciting contributions olicit contributions from such committee
	MMITTEE (In Full)				
Friends of Co	onnie Mack				
	t, First, Middle Initial) orida International Airport	t			Transaction ID: 90129.E4625 Date of Disbursement
Mailing Addres	s 11000 Terminal Acce Suite 8671	ess Rd Ste 867	'1S		
City Fort Myers		State FL	Zip Code 33913-8209		Amount of Each Disbursement this Perio
Purpose of Dis					90.00
travel expense- Candidate Nam	· •			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Senate President	Dursement For: Primary Other (spe	General cify) ▼		- [MEMO ITEM] MEMO: TRAVEL EXPENSE- PAR- KING
State:	District:				
Full Name (Las Vergina	t, First, Middle Initial)				Transaction ID: 90129.E4600 Date of Disbursement
Mailing Addres	s 700 5th Ave S				$12^{M} / 19^{D} / 2008^{Y}$
City Naples		State FL	Zip Code 34102-6604		Amount of Each Disbursement this Perio
Purpose of Dis meals	bursement		Γ		172.04
Candidate Nam			L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought:	Senate President	Dursement For: Primary Other (spe	General Gify) ▼		MEMO: MEALS
State:	District:				
Full Name (Las AT&T- Cingu	t, First, Middle Initial) Iar Wireless				Transaction ID: 90129.E4544 Date of Disbursement
Mailing Addres	s PO Box 31488				$12^{\text{M}} / 01^{\text{D}} / 2008^{\text{Y}}$
City Tampa		State FL	Zip Code 33631-3488		Amount of Each Disbursement this Perio
Purpose of Dis cell phone serv			[		299.10
Candidate Nam			L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Senate President	Dursement For: Primary Other (spe	General Gify) ▼		CELL PHONE SERVICE
State:	District:				
SUBTOTAL of Di	sbursements This Page (optio	nal)		►	299.10

FE5AN018

		8 (FEC Form 3) SBURSEMENTS	Use separate s for each categ Detailed Summ	ory of the	(check onl	NUMBER: y one) X 17 18 20a 20b	PAGE 22/28 19a 19b 20c 21
			Statements may not be			for the purpose of solicit	ting contributions
NA		1ITTEE (In Full)	io namo ano audress Ul				
	ll Name (Last, I F&T- Cingula	First, Middle Initial) r Wireless				Transaction ID: 9 Date of Disburseme	• • • • • • • • • •
Ma	ailing Address	PO Box 31488				12 <sup>M</sup> /29	Ý 2008 <sup>°</sup>
City Ta	y ampa			Code 631-3488		Amount of Each Dis	
cell	rpose of Disbui Il phone service Indidate Name				Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
Off	fice Sought:	House C Senate President District:	Primary Other (specify)	General ▼	1,900	CELL PHONE SE	RVICE
	ll Name (Last, I apitol One	First, Middle Initial)				Transaction ID: 9 Date of Disburseme	nt
Ma	ailing Address	P. O. Box 60024				1 <sup>M</sup> 1 <sup>M</sup> / <sup>D</sup> 1 <sup>D</sup>	Ý ŽOŎ8Ÿ
	ty Of Industry			Code 716-		Amount of Each Dis	bursement this Peri 1416.22
CR	REDIT CARD: Standard States (Contraction Contraction)				Category/	Refund or Dispo Contributions Re 11 C.F.R. 400.5	sal of Excess quired Under
Off	fice Sought:	House C Senate President District:	Primary Other (specify)	General ▼	Туре	CREDIT CARD: S	
		First, Middle Initial) Executive Committee	)			Transaction ID: 9 Date of Disburseme	
Ma	ailing Address	P. O. Box 7367				1 <sup>M</sup> 2 <sup>M</sup> / <sup>D</sup> 19 <sup>D</sup>	Ý 2008
	áples			Code 101-		Amount of Each Dis	
Co	rpose of Disbur prvention Night Indidate Name				Category/	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
Off	fice Sought:	House C Senate President District:	Primary Other (specify)	General ▼	Туре	[MEMO ITEM] MEMO: CONVEN ENT	
		I					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one)
Any Information copied from such Reports and State		any person fo	20a     20b     20c     21       or the purpose of soliciting contributions
or for commercial purposes, other than using the nar	ne and address of any political cor	mmittee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) County Leadership Collier			Transaction ID: 90129.E4578 Date of Disbursement
Mailing Address			$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Naples	StateZip CodeFL34104-		Amount of Each Disbursement this Perio
Purpose of Disbursement annual dues	Г		100.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs	ement For: Primary General Other (specify)		MEMO: ANNUAL DUES
Full Name (Last, First, Middle Initial)			
Lee County			Transaction ID: 90129.E4576 Date of Disbursement
Mailing Address 1736 Jackson Street			$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{8} \stackrel{\text{Y}}{8} \stackrel{\text{Y}}{10} \stackrel{\text{Y}$
City Fort Myers	State Zip Code FL 33901-		Amount of Each Disbursement this Perio
Purpose of Disbursement sign permit			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs	ement For: Primary General Other (specify) <b>V</b>		MEMO: SIGN PERMIT
Full Name (Last, First, Middle Initial)			Transaction ID: 90129.E4575
Lee County Republicans			Date of Disbursement 1 2 1 9 2 0 0 8
Mailing Address P. O. Box 61465	State Zie Oode		
City Fort Myers	State Zip Code FL 33906-		Amount of Each Disbursement this Perio 90.00
Purpose of Disbursement event tickets			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		MEMO: EVENT TICKETS
State: District. SUBTOTAL of Disbursements This Page (optional	)	►	0.00
TOTAL This Period (last page this line number only			
E5AN018	1)	····· <b>F</b>	FEC Schedule B (Form 3) (Revised

	Use separate schedule(s)			LINE NUMBER: k only one)			PAGE 24/28		
I EMIZED D	ISBUKSEMENIS	for each category of the Detailed Summary Pag	ì	_	X 17 20a	18 20b	19a 20c		19b 21
		atements may not be sold or us							
•		name and address of any politi	cal committe	ee to sc	olicit contri	butions f	rom such	comm	nttee
Friends of Co	1MITTEE (In Full) nnie Mack								
Full Name (Last Party City	, First, Middle Initial)					action IE	<b>):</b> 90129 sement	9.E45	561
Mailing Address	5025 Cleveland Ave.				<sup>™</sup> 2	M / D	<b>1</b> 9	Ý Ž	0 0́ 8 <sup>°</sup>
City Fort Myers		State Zip Code FL 33907-			Amou	nt of Eac	h Disburse		
Purpose of Dist	pursement			-					97.89
event supplies Candidate Name	9		Catego Type		Cc	ntribution C.F.R. 4			
Office Sought:	Senate President	Dursement For: Primary Genera Other (specify)			-	o item D: even	IJ NT SUPP	LIES	3
State:	District:								
Full Name (Last Big Brothers I	, First, Middle Initial) Big Sisters				Date o	of Disburs			-
Mailing Address	2400 Tamiami Trl # 3	303			1 2		<b>1</b> 9	Ź	0 0́ 8 ′
City Naples		State Zip Code FL 34103-			Amou	nt of Eac	h Disburse	-	
Purpose of Dist event ticket	pursement		-						00.00
Candidate Name	e		Catego Type		Cc 11	ntribution C.F.R. 4		Exce d Und	ess der
Office Sought: State:	House Disk Senate President District:	Dursement For: Primary Genera Other (specify) ▼	1		MEMO ITEM] MEMO: EVENT TICKET				
Full Name (Last	, First, Middle Initial) ens Republican Club					action IE	D: 90129 sement	9.E45	569
Mailing Address	5 194 Tamiami Trail				1 <sup>M</sup> 2	M / D	<b>1</b> 9 /	Ý 2	0 0 8 <sup>Y</sup>
City Naples		State Zip Code FL 34102-			Amou	nt of Eac	h Disburse		
Purpose of Disk								0	60.00
Luncheon ticket			Catego Type		Cc	ntribution C.F.R. 4			
Office Sought: State:	House Dist Senate President District:	Dursement For: Primary Genera Other (specify) ▼				o item D: Lung	IJ CHEON T	FICK	ETS
		nal)		►		•	· · · ·		0.00
		only)		<u> </u>					
E5AN018		- ,,		-	FF	) Sched	ule B (Fo	rm 3	) (Revise
									, ,

CHEDULE B (FEC FO FEMIZED DISBURSEN	MENTS for e	e separate schedule(s) each category of the ailed Summary Page	(check only	X 17 18 19a 19b
				20a 20b 20c 21 for the purpose of soliciting contributions plicit contributions from such committee
NAME OF COMMITTEE (In Ful Friends of Connie Mack	•			
Full Name (Last, First, Middle Ini Naples Womens Republica	,			Transaction ID: 90129.E4568 Date of Disbursement
Mailing Address 194 Tami	ami Trail			$12^{M} 12^{M} 12^{N} 19^{I} 2008^{I}$
City Naples	State FL	Zip Code 34102-		Amount of Each Disbursement this Perio
Purpose of Disbursement Luncheon tickets Candidate Name		[	Category/ Type	60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement F Prima Other		~	[MEMO ITEM] MEMO: LUNCHEON TICKETS
Full Name (Last, First, Middle Ini USPS	itial)			Transaction ID: 90129.E4572 Date of Disbursement
Mailing Address Pagefield	Postal Store			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{pmatrix} D \\ 1 \\ 9 \end{array} \begin{pmatrix} D \\ 1 \\ 9 \end{array} \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \\ \end{array} \end{pmatrix}$
City Fort Myers Purpose of Disbursement postage Candidate Name	State FL	Zip Code 33907-1403	Category/	Amount of Each Disbursement this Perio 0.41 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement F Prima		Туре	[MEMO ITEM] MEMO: POSTAGE
Full Name (Last, First, Middle In Mrs. Kara Wright	itial)			Transaction ID: 90129.E4573 Date of Disbursement
Mailing Address 5100 S. C	leveland Ave., #318	PMB 3		$12^{M} / 19^{Y} / 2008^{Y}$
City Fort Myers	State FL	Zip Code 33907-		Amount of Each Disbursement this Perio
Purpose of Disbursement travel expense				122.85 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Senate President State: District:	Disbursement F Prima			MEMO: TRAVEL EXPENSE
SUBTOTAL of Disbursements Thi	s Page (optional)		►	0.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	for each category of the	DR LINE NUMBER: PAGE 26 / 28 heck only one)
	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)           Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Chase Card Services		Transaction ID: 90129.E4642 Date of Disbursement
Mailing Address PO Box 15153		M 2 M / D 1 9 / Y 2 0 0 8 Y
City Wilmington	State Zip Code DE 19886-5153	Amount of Each Disbursement this Per
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Cate	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	CREDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial) Chase Card Services		Transaction ID: 90129.E4643 Date of Disbursement
Mailing Address PO Box 15153		
City Wilmington	StateZip CodeDE19886-5153	Amount of Each Disbursement this Per
Purpose of Disbursement credit card fee		45.68 Refund or Disposal of Excess
Candidate Name	Categ	gory/ Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	MEMO: CREDIT CARD FEE
Full Name (Last, First, Middle Initial) eFax		Transaction ID: 90129.E4644 Date of Disbursement
Mailing Address j2 Global Communicatio 6922 Hollywood Blvd	ons	
City Los Angeles	State Zip Code CA 90028-	Amount of Each Disbursement this Per 16.95
Purpose of Disbursement fax services		Refund or Disposal of Excess
Candidate Name	Categ	gory/ Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	MEMO: FAX SERVICES
SUBTOTAL of Disbursements This Page (optional)		▶ 62.63

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE N (check only o	PAGE 27/28	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, Á	17 18 20a 20b	19a 19b 20c 21
Any Information copied from such Reports and State				
or for commercial purposes, other than using the nam	le and address of any political cor	nmittee to solici		from such committee
Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Jivaldi LLC			Date of Disbur	
Mailing Address 707 MOunt Errigal PI			1 <sup>2</sup> /	19 <sup>7</sup> 2008 <sup>9</sup>
City Lincoln	StateZip CodeCA95648-		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement website service fees				229.00
Candidate Name	C	ategory/ Type		Disposal of Excess ns Required Under 400.53
Senate President	ement For: Primary General Other (specify) ▼		WEBSITE SE	ERVICE FEES
State: District:				
Full Name (Last, First, Middle Initial) Line 1 Communications			Date of Disbur	
Mailing Address 3400 Birchwood Manor			1 <sup>2</sup> /	19 <sup>7</sup> 2008 <sup>4</sup>
City Tallahassee	State Zip Code FL 32312-		Amount of Eac	ch Disbursement this Peric 917.12
Purpose of Disbursement fax/email services			Befund or I	Disposal of Excess
Candidate Name	C	ategory/ Type		ns Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		FAX/EMAIL §	SERVICES
Full Name (Last, First, Middle Initial) SCM Associates, Inc.			Transaction II Date of Disbur	<b>D:</b> 90129.E4549 sement
Mailing Address 1283 Main Street PO Box 254			1 <sup>2</sup> / D	19 <sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City Dublin	StateZip CodeNH03444-		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement direct mail and telemarketing				3012.43
Candidate Name	C	ategory/ Type		Disposal of Excess ns Required Under 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		DIRECT MAI TING	L AND TELEMARKE-
SUBTOTAL of Disbursements This Page (optional)		►		4158.55
TOTAL This Period (last page this line number only	)	🕨		lule B(Form 3) (Revise

Use separate schedule(s)		FOR LINE NUMBER: PAGE 28 / 28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 20c 21
		any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name	me and address of any political con	imittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial)		Transaction ID: 90129.E4552
Sprint - Embarq		Date of Disbursement
Mailing Address P.O. Box 740602		<u>M2</u> / <u>D</u> <u>D</u> / <u>Y</u>
City	State Zip Code	Amount of Each Disbursement this Peri
Cincinnati	OH 45274-	81.32
Purpose of Disbursement telephone		Refund or Disposal of Excess
Candidate Name		ategory/ Type
Senate President	sement For: Primary General Other (specify) ▼	TELEPHONE
State: District:		
Full Name (Last, First, Middle Initial) USPS		Transaction ID: 81203.E4540 Date of Disbursement
Mailing Address 1050 Connecticut Ave,	NW	$\begin{array}{c c} & & \\ & & \\ \hline & & \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$
City Washington	State Zip Code DC 20036-	Amount of Each Disbursement this Peri
Purpose of Disbursement	DC 20036-	126.00
postage		Refund or Disposal of Excess
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53
Senate President	sement For: Primary General Other (specify) ▼	POSTAGE
State: District:		
Full Name (Last, First, Middle Initial) Yuma Solutions, Inc.		Transaction ID: 90309.E4813 Date of Disbursement
Mailing Address 1922 Miccosukee Road		<u><u>M</u>2<sup>M</sup>/<u></u><u>D</u>19<sup>D</sup>/<u>Y</u>2008<sup>Y</sup></u>
City Tallahassee	State Zip Code FL 32308-	Amount of Each Disbursement this Peri
Purpose of Disbursement	FL 32308-	234.00
blackberry service		Refund or Disposal of Excess
Candidate Name		ategory/ Type
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼	BLACKBERRY SERVICE
State: District:	5 (opson') ¥	
SUBTOTAL of Disbursements This Page (optional	)	♦ 441.32
TOTAL This Pariod (last page this line purchas and		30587.70
TOTAL This Period (last page this line number onl	y)	FEC Schedule B ( Form 3 ) (Revise