

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Friends of Connie Mack

ADDRESS (number and street) P.O. Box 519, Naples, FL 34106

2. FEC IDENTIFICATION NUMBER C00391243, IS THIS REPORT NEW OR AMENDED (X)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Craig Engle

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

Office Use Only, FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	703.76	5803.76
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	703.76	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
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30587.70	83490.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	501085.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Friends of Connie Mack

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

500.00

5550.00

(ii) Unitemized.....

203.76

253.76

(iii) TOTAL of contributions

703.76

5803.76

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

703.76

5803.76

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

703.76

5803.76

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**III. CASH SUMMARY**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Mailing Address 915 Benedict Canyon Dr

City State Zip Code  
Beverly Hills CA 90210-2842

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

Name of Employer Self Employed Occupation  
attorney

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

500.00

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

Transaction ID: 90129.C19713

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement political consulting fee  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4548  
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00
---------

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

POLITICAL CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)  
Jamestown Associates

Mailing Address 5 Mapletown Road, #300

City Princeton State NJ Zip Code 08540-

Purpose of Disbursement direct mail  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4555  
Date of Disbursement

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

Amount of Each Disbursement this Period

953.15
--------

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

DIRECT MAIL

C.

Full Name (Last, First, Middle Initial)  
Mr. Rob Jennings

Mailing Address American Event Consulting, Inc.  
501 L St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement fundraising consulting fee  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4547  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

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

FUNDRAISING CONSULTING FEE

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

3953.15
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Transaction ID: 90129.E4545  
Date of Disbursement

Mailing Address 3048 Horizon Ln Apt 1103

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

City Naples State FL Zip Code 34109-8960

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement fundraising consulting fee  
Candidate Name

Category/Type

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

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

FUNDRAISING CONSULTING FEE

B.

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

Transaction ID: 90129.E4650  
Date of Disbursement

Mailing Address 1050 Connecticut Ave NW

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

City Washington State DC Zip Code 20036-5308

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement compensation  
Candidate Name

Category/Type

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

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

COMPENSATION

C.

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

Transaction ID: 90129.E4551  
Date of Disbursement

Mailing Address PO Box 193

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

City Bell State FL Zip Code 32619-

Amount of Each Disbursement this Period

130.00
--------

Purpose of Disbursement newspaper clipping service  
Candidate Name

Category/Type

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

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

NEWSPAPER CLIPPING SERVICE

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

3130.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P. O. Box 360002

City Fort Lauderdale State FL Zip Code 33336-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4579  
Date of Disbursement  
12 / 19 / 2008

Amount of Each Disbursement this Period  
16111.91

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

CREDIT CARD: SEE BELOW

**B.** Full Name (Last, First, Middle Initial)  
Avis Rent-A-Car

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054-

Purpose of Disbursement  
travel expense- car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4611  
Date of Disbursement  
12 / 19 / 2008

Amount of Each Disbursement this Period  
187.21

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

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE- CAR RENTAL

**C.** Full Name (Last, First, Middle Initial)  
Bellasera Resort

Mailing Address 221 South 9th Street

City Naples State FL Zip Code 34102-

Purpose of Disbursement  
Election Night Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4586  
Date of Disbursement  
12 / 19 / 2008

Amount of Each Disbursement this Period  
3022.29

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

**[MEMO ITEM]**  
MEMO: ELECTION NIGHT EVENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 16111.91

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Olive Garden  Mailing Address 12870 Cleveland Avenue  City Fort Myers State FL Zip Code 33907-  Purpose of Disbursement meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4624 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 36.65  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
B.	Full Name (Last, First, Middle Initial) Target  Mailing Address 13711 S. Tamiami Trail  City Fort Myers State FL Zip Code 33912-  Purpose of Disbursement event supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4632 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 88.79  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES
C.	Full Name (Last, First, Middle Initial) Office Max  Mailing Address 5100 S. Cleveland Avenue  City Fort Myers State FL Zip Code 33907-  Purpose of Disbursement office supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4607 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 8.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Mailing Address 5025 Cleveland Ave.

City State Zip Code  
Fort Myers FL 33907-

Purpose of Disbursement  
event supplies  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4634  
Date of Disbursement

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

Amount of Each Disbursement this Period

73.00
-------

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

[MEMO ITEM]

MEMO: EVENT SUPPLIES

B.

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

Mailing Address 34 Broad Street

City State Zip Code  
Red Bank NJ 07701-

Purpose of Disbursement  
messaging service  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4613  
Date of Disbursement

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

Amount of Each Disbursement this Period

29.95
-------

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

[MEMO ITEM]

MEMO: MESSAGING SERVICE

C.

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

Mailing Address 1000 Crosspointe Dr

City State Zip Code  
Naples FL 34110-0917

Purpose of Disbursement  
event expense  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4640  
Date of Disbursement

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

Amount of Each Disbursement this Period

550.12
--------

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

[MEMO ITEM]

MEMO: EVENT EXPENSE

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T- Cingular Wireless</p> <p>Mailing Address PO Box 31488</p> <p>City Tampa State FL Zip Code 33631-3488</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4593</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="494.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bonita Springs Self Storage</p> <p>Mailing Address 8953 Terrene Court</p> <p>City Bonita Springs State FL Zip Code 34135-</p> <p>Purpose of Disbursement storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4638</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="157.94"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: STORAGE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4594</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3539.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE</p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4595  
Date of Disbursement

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

Amount of Each Disbursement this Period

125.51
--------

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
Chops City Grill

Mailing Address 837 5th Avenue South

City Naples State FL Zip Code 34102-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4585  
Date of Disbursement

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

Amount of Each Disbursement this Period

118.37
--------

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

**[MEMO ITEM]**  
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
express mail delivery

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4622  
Date of Disbursement

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

Amount of Each Disbursement this Period

198.26
--------

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

**[MEMO ITEM]**  
MEMO: EXPRESS MAIL DELIVERY

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.**

Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
express mail delivery

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4584  
Date of Disbursement

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

Amount of Each Disbursement this Period

159.08
--------

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

**[MEMO ITEM]**

MEMO: EXPRESS MAIL DELIVERY

**B.**

Full Name (Last, First, Middle Initial)  
Hess

Mailing Address 3200 Colonial Blvd

City State Zip Code 33966-1032

Purpose of Disbursement  
travel expense- gas

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4628  
Date of Disbursement

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

Amount of Each Disbursement this Period

41.50
-------

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

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE- GAS

**C.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 2774 East Colonial Drive

City Orlando State FL Zip Code 32803-

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4588  
Date of Disbursement

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

Amount of Each Disbursement this Period

190.77
--------

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

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

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

0.00
------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Edison</p> <p>Mailing Address 3583 McGregor Blvd</p> <p>City Fort Myers State FL Zip Code 33901-7719</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4637</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 23.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The UPS Store</p> <p>Mailing Address 5100 S. Cleveland Avenue, #318</p> <p>City Fort Myers State FL Zip Code 33907-</p> <p>Purpose of Disbursement mail forwarding service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4641</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 197.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MAIL FORWARDING SERVICE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220-</p> <p>Purpose of Disbursement travel expense- airline tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4591</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 979.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- AIRLINE TICKETS</p>

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Alis Pizza

Mailing Address 1382 E Capitol St NE

City Washington State DC Zip Code 20003-1533

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4621  
Date of Disbursement

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

Amount of Each Disbursement this Period

59.48
-------

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address 131 North Court House Rd

City Arlington State VA Zip Code 22201-

Purpose of Disbursement  
telephone service

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4612  
Date of Disbursement

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

Amount of Each Disbursement this Period

298.39
--------

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

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

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 2 North LaSalle St

City Chicago State IL Zip Code 60602-

Purpose of Disbursement  
travel expense- airline tickets

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4620  
Date of Disbursement

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

Amount of Each Disbursement this Period

1289.00
---------

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

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE- AIR-LINE TICKETS

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Mailing Address 1225 19th Street, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4582  
Date of Disbursement

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

Amount of Each Disbursement this Period

240.00
--------

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

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

Mailing Address 23161 Village Shops Way

City Estero State FL Zip Code 33928-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4617  
Date of Disbursement

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

Amount of Each Disbursement this Period

25.30
-------

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

**[MEMO ITEM]**  
MEMO: MEALS

C.

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

Mailing Address 23161 Village Shops Way

City Estero State FL Zip Code 33928-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4626  
Date of Disbursement

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

Amount of Each Disbursement this Period

52.50
-------

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

**[MEMO ITEM]**  
MEMO: MEALS

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Millers Ale House

Mailing Address 6320 Hollywood Blvd

City Naples State FL Zip Code 34109-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4596  
Date of Disbursement

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

Amount of Each Disbursement this Period

172.44
--------

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
Ruths Chris Steakhouse

Mailing Address 1700 Tamiami Trail, Space #A-12

City Naples State FL Zip Code 34102-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4614  
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00
--------

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

**[MEMO ITEM]**  
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
Ridgeway Bar & Grill

Mailing Address 1300 3rd St S

City Naples State FL Zip Code 34102-7220

Purpose of Disbursement  
event expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4635  
Date of Disbursement

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

Amount of Each Disbursement this Period

966.42
--------

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

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

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

Mailing Address 11000 Terminal Access Rd Ste 8671S  
Suite 8671

City Fort Myers State FL Zip Code 33913-8209

Purpose of Disbursement  
travel expense- parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90129.E4625  
Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

90.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- PAR-  
KING

B.

Full Name (Last, First, Middle Initial)  
Vergina

Mailing Address 700 5th Ave S

City Naples State FL Zip Code 34102-6604

Purpose of Disbursement  
meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90129.E4600  
Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

172.04

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

[MEMO ITEM]

MEMO: MEALS

C.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
cell phone service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90129.E4544  
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

299.10

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

CELL PHONE SERVICE

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

299.10

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

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

**1767.18**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) County Leadership Collier  Mailing Address  City: Naples State: FL Zip Code: 34104- Purpose of Disbursement: annual dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4578 Date of Disbursement: 12 / 19 / 2008 Amount of Each Disbursement this Period: 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: ANNUAL DUES
<b>B.</b>	Full Name (Last, First, Middle Initial) Lee County  Mailing Address: 1736 Jackson Street  City: Fort Myers State: FL Zip Code: 33901- Purpose of Disbursement: sign permit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4576 Date of Disbursement: 12 / 19 / 2008 Amount of Each Disbursement this Period: 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SIGN PERMIT
<b>C.</b>	Full Name (Last, First, Middle Initial) Lee County Republicans  Mailing Address: P. O. Box 61465  City: Fort Myers State: FL Zip Code: 33906- Purpose of Disbursement: event tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4575 Date of Disbursement: 12 / 19 / 2008 Amount of Each Disbursement this Period: 90.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT TICKETS

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

0.00

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





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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Naples Womens Republican Club	Transaction ID: 90129.E4568 Date of Disbursement 12 / 19 / 2008
	Mailing Address 194 Tamiami Trail	Amount of Each Disbursement this Period 60.00
	City Naples State FL Zip Code 34102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Luncheon tickets	<b>[MEMO ITEM]</b> MEMO: LUNCHEON TICKETS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: 90129.E4572 Date of Disbursement 12 / 19 / 2008
	Mailing Address Pagefield Postal Store	Amount of Each Disbursement this Period 0.41
	City Fort Myers State FL Zip Code 33907-1403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Kara Wright	Transaction ID: 90129.E4573 Date of Disbursement 12 / 19 / 2008
	Mailing Address 5100 S. Cleveland Ave., #318 PMB 3	Amount of Each Disbursement this Period 122.85
	City Fort Myers State FL Zip Code 33907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

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

62.63

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Jivaldi LLC <hr/> Mailing Address 707 MOUNT Errigal Pl <hr/> City Lincoln State CA Zip Code 95648- <hr/> Purpose of Disbursement website service fees Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4553 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 229.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE SERVICE FEES
B.	Full Name (Last, First, Middle Initial) Line 1 Communications <hr/> Mailing Address 3400 Birchwood Manor <hr/> City Tallahassee State FL Zip Code 32312- <hr/> Purpose of Disbursement fax/email services Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4550 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 917.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FAX/EMAIL SERVICES
C.	Full Name (Last, First, Middle Initial) SCM Associates, Inc. <hr/> Mailing Address 1283 Main Street PO Box 254 <hr/> City Dublin State NH Zip Code 03444- <hr/> Purpose of Disbursement direct mail and telemarketing Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4549 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 3012.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL AND TELEMARKETING

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

4158.55

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Sprint - Embarq  Mailing Address P.O. Box 740602  City Cincinnati State OH Zip Code 45274-  Purpose of Disbursement telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4552 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 81.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 1050 Connecticut Ave, NW  City Washington State DC Zip Code 20036-  Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81203.E4540 Date of Disbursement 11 / 26 / 2008  Amount of Each Disbursement this Period 126.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
C.	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc.  Mailing Address 1922 Miccosukee Road  City Tallahassee State FL Zip Code 32308-  Purpose of Disbursement blackberry service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90309.E4813 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 234.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  BLACKBERRY SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>441.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>30587.70</b>