

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Connie Mack

ADDRESS (number and street) P.O. Box 519

Check if different than previously reported. (ACC)

Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 04 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 07 10 2009

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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)).....	88496.18	263662.17
(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)).....	88496.18	263662.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	122645.45	286674.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	234.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	122645.45	286440.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	541994.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	54194.50	203099.50
(i) Itemized (use Schedule A).....	21251.68	31012.67
(ii) Unitemized.....	75446.18	234112.17
(iii) TOTAL of contributions from individuals..... ▶	500.00	500.00
(b) Political Party Committees.....	12550.00	29050.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	88496.18	263662.17
(e) TOTAL CONTRIBUTIONS (other than loans) (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	234.00
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)..... ▶	88496.18	263896.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	122645.45	286674.05
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.....	9000.00	14000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	131645.45	300674.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	585144.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	88496.18
25. SUBTOTAL (add Line 23 and Line 24).....	673640.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131645.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	541994.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full) Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Estero Republican Women Federated	Date of Receipt
	Mailing Address 11469 Pembroke Run	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City State Zip Code Estero FL 33928-3252	Transaction ID: 90710.C20556
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
	Name of Employer Occupation	Receipt
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="500.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 98
(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)
Thomas Abraham

Mailing Address 1320 S. Dixie Highway Suite 241

City State Zip Code
Miami FL 33146

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed businessman

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

Date of Receipt M M / D D / Y Y Y Y
05 / 07 / 2009

Transaction ID: 90710.C20499

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jose Aleman

Mailing Address 5824 Alton Road

City State Zip Code
Miami FL 33140

FEC ID number of contributing federal political committee. C

Name of Employer Meridian Partners LLC Occupation
Meridian Partners LLC business owner

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

Date of Receipt M M / D D / Y Y Y Y
05 / 11 / 2009

Transaction ID: 90710.C20495

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 17971 SW 284th St

City State Zip Code
Homestead FL 33030-1867

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed farmer

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

Date of Receipt M M / D D / Y Y Y Y
05 / 11 / 2009

Transaction ID: 90710.C20396

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Alan Paul Anderson		Date of Receipt
	Mailing Address 2108 N.E. 18th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 11 / 2009
	City	State	Zip Code
	Wilton Manors	FL	33305
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20497
Name of Employer International Oil Shipping Co		Occupation president	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			Receipt

B.	Full Name (Last, First, Middle Initial) Jorge Arrizurieta		Date of Receipt
	Mailing Address 1118 Placetas Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 11 / 2009
	City	State	Zip Code
	Miami	FL	33146
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20547
Name of Employer Arrizurieta & Associates		Occupation president	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Luis Arrizurieta		Date of Receipt
	Mailing Address 8230 NW 163rd St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 11 / 2009
	City	State	Zip Code
	Hialeah	FL	33016-6153
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20540
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Jack Attaway	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 3550 Burriss Road, Suite B	Transaction ID: 90710.C20300
	City State Zip Code Fort Lauderdale FL 33314	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation D & J Construction carpenter	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Jacinto Ayala, Sr.	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address	Transaction ID: 90710.C20545
	City State Zip Code	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Oscar Baisman	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address PO Box 454408	Transaction ID: 90710.C20502
	City State Zip Code Miami FL 33245	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed consultant	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 98
(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)
Doyle Bartlett

Mailing Address 609 Oakley Place

City State Zip Code
Alexandria VA 22302

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

Name of Employer Bartlett & Bendall, LLC Occupation lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
344.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	9	

Transaction ID: 90710.C20467

Amount of Each Receipt this Period
344.50

In-Kind

B. Full Name (Last, First, Middle Initial)
Maria Beguiristain

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	9	

Transaction ID: 90710.C20541

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thilo Best

Mailing Address 1903 S. Wykagyl

City State Zip Code
Tampa FL 33629

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

Name of Employer Horizon Bay Occupation ceo

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	9	

Transaction ID: 90415.C20111

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **844.50**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 98
(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

<p>A. Full Name (Last, First, Middle Initial) Ruel Burns</p> <p>Mailing Address 3655 Woodstork Court</p> <p>City State Zip Code Fort Myers FL 33908-4122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired Occupation retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 200.00</p>	<p>Date of Receipt 04 / 19 / 2009</p> <p>Transaction ID: 90710.C20297</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ernest Cambo</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 11 / 2009</p> <p>Transaction ID: 90710.C20498</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Jose Carlos Cancela</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 11 / 2009</p> <p>Transaction ID: 90710.C20546</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 98
(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)
Martin Cancienne

Mailing Address 7075 Highway 1

City Belle Rose State LA Zip Code 70341-5504

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

Name of Employer The Livingston Group Occupation consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 05 / 01 / 2009
Transaction ID: 90710.C20369
 Amount of Each Receipt this Period 1500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Alberto Cardenas

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2009
Transaction ID: 90710.C20551
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Oscar Cerna

Mailing Address 2 Grove Isle Dr.
Apt 1110

City Miami State FL Zip Code 33133-4111

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

Name of Employer Cemento America, S.A. Occupation president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2009
Transaction ID: 90710.C20496
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 98
(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)
Henry Cheney

Mailing Address PO Box 181352

City Tallahassee State FL Zip Code 32318-0012

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

Name of Employer State of Florida Occupation Senior Management Analyst II

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: 90415.C20136
 Amount of Each Receipt this Period: 100.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Arthur Choate

Mailing Address 1390 S. Dixie Hwy., #2221

City Miami State FL Zip Code 33146

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

Name of Employer Artmarina, Inc. Occupation boat charters

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: 90710.C20587
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Gregory Coleman

Mailing Address 3026 Sutton Woods Dr

City Plant City State FL Zip Code 33566-9606

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 16 / 2009
Transaction ID: 90710.C20637
 Amount of Each Receipt this Period: 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Parker J. Collier		Date of Receipt
	Mailing Address 3001 Tamiami Trail N., Ste. 207		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 1 4 / 2 0 0 9
	City	State	Zip Code
	Naples	FL	34103
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20528
Name of Employer n/a		Occupation homemaker	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 200.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1450.00	

B.	Full Name (Last, First, Middle Initial) Pat Corrigan		Date of Receipt
	Mailing Address P. O. Box 690068		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	City	State	Zip Code
	Vero Beach	FL	32969
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20247
Name of Employer self-employed		Occupation grower/rancher	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Pat Corrigan		Date of Receipt
	Mailing Address P. O. Box 690068		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	City	State	Zip Code
	Vero Beach	FL	32969
	FEC ID number of contributing federal political committee. C		Transaction ID: 90710.C20423
Name of Employer self-employed		Occupation grower/rancher	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 1185 Immokalee Road
Suite 110

City Naples State FL Zip Code 34110

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

Name of Employer Cox and Nici Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2009
Transaction ID: 90710.C20564
 Amount of Each Receipt this Period 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Craig

Mailing Address 809 Wyndemere Way

City Naples State FL Zip Code 34105-7167

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2009
Transaction ID: 90710.C20252
 Amount of Each Receipt this Period 500.00
 Receipt

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

Mailing Address 3977 Woodlake Drive

City Bonita Springs State FL Zip Code 34134

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2009
Transaction ID: 90710.C20489
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) John Dasburg	Date of Receipt MM / DD / YYYY 05 / 05 / 2009
	Mailing Address c/o Astar Air Cargo, Inc 1200 Brickell Ave 16th Fl	Transaction ID: 90710.C20459
	City Miami State FL Zip Code 33131	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Astar Air Cargo Inc Occupation Chairman & CEO Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Maria DeMarco	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 12824 Valewood Drive	Transaction ID: 90415.C20096
	City Naples State FL Zip Code 34119	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer DeMarco Tile Inc Occupation president Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 200.00	

C.	Full Name (Last, First, Middle Initial) Thomas Dickinson	Date of Receipt MM / DD / YYYY 04 / 05 / 2009
	Mailing Address 2229 McClellan Pkwy	Transaction ID: 90415.C20117
	City Sarasota State FL Zip Code 34239-3712	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer retired Occupation retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 300.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 600 New Hampshire Ave., N.W., #100

City Washington State DC Zip Code 20037

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

Name of Employer Fierce & Associates Occupation govt. relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 04 / 01 / 2009
Transaction ID: 90415.C20088
 Amount of Each Receipt this Period 1150.00
 Receipt

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

Mailing Address 600 New Hampshire Ave., N.W., #100

City Washington State DC Zip Code 20037

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

Name of Employer Fierce & Associates Occupation govt. relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2450.00

Date of Receipt 04 / 01 / 2009
Transaction ID: 90415.C20089
 Amount of Each Receipt this Period 50.00
 Receipt

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

Mailing Address 4295 Cutlass Lane

City Naples State FL Zip Code 34102

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 05 / 28 / 2009
Transaction ID: 90710.C20581
 Amount of Each Receipt this Period 200.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Joseph Fogg III
Mailing Address 4295 Cutlass Lane

City: Naples State: FL Zip Code: 34102

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼: 4800.00

Date of Receipt: 05 / 28 / 2009
Transaction ID: 90710.C20580
 Amount of Each Receipt this Period: 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ronald Friedman
Mailing Address 4901 SW 8th Ct

City: Cape Coral State: FL Zip Code: 33914-7359

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

Name of Employer: CSSI, LLC Occupation: consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼: 350.00

Date of Receipt: 05 / 03 / 2009
Transaction ID: 90710.C20443
 Amount of Each Receipt this Period: 100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lawrence Futchik
Mailing Address 8665 Bay Colony Dr Apt 1703

City: Naples State: FL Zip Code: 34108-6774

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

Name of Employer: retired Occupation: retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼: 500.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 90710.C20693
 Amount of Each Receipt this Period: 500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) James Gosey, Jr.		Date of Receipt
	Mailing Address 112 White Stork Dr		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Slidell	LA	70461-3206
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 90710.C20371
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="500.00"/>
Receipt			

B.	Full Name (Last, First, Middle Initial) J.H. Grunewald		Date of Receipt
	Mailing Address 445 Cove Tower Dr Apt 1802 Apt 1802		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Naples	FL	34110-6516
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation retired	Transaction ID: 90710.C20444
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="200.00"/>
Receipt			

C.	Full Name (Last, First, Middle Initial) Angelica Guckes		Date of Receipt
	Mailing Address 4351 N.E. 22nd Ave		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fort Lauderdale	FL	33308-5629
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Homemaker		Occupation homemaker	Transaction ID: 90710.C20251
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
Receipt			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 98
(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)
Robert Haag

Mailing Address 807 W. Plantation Cir

City State Zip Code
Fort Lauderdale FL 33324

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

Name of Employer Occupation
FL Consortium of Public Charite president

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 90710.C20500

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 3080 Timberlake Point

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
retired retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90710.C20514

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address PO Box 191

City State Zip Code
Captiva FL 33924

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

Name of Employer Occupation
Jensens Twin Palm Resort Resort Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90710.C20469

Amount of Each Receipt this Period
500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 98
(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)
Hjalma Johnson

Mailing Address 14435 Hale Road

City State Zip Code
Dade City FL 33523

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

Name of Employer Triple J. Ranch Inc Occupation investment advisor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Manuel Kadre

Mailing Address 220 Alhambra Circle

City State Zip Code
Miami FL 33134

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

Name of Employer Eagle Brands Occupation general counsel

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Raymond Kayal, Jr.

Mailing Address 11801 S Mitchell Manor Cir

City State Zip Code
Miami FL 33156

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

Name of Employer Newslink Occupation Business Exec/Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 98
(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)
Craig Kitchens

Mailing Address 5802 SW 36th Way

City Gainesville State FL Zip Code 32608

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

Name of Employer US Government Occupation physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 04 / 07 / 2009
Transaction ID: 90710.C20159
 Amount of Each Receipt this Period 200.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Gloria Kretler

Mailing Address 185 Overland Trl

City Fort Myers State FL Zip Code 33917-3064

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2009
Transaction ID: 90710.C20412
 Amount of Each Receipt this Period 250.00
 Receipt

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

Mailing Address PO Box 8604

City Boca Raton State FL Zip Code 33433-8604

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2009
Transaction ID: 90710.C20553
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 98
(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)
Cindy Lignelli

Mailing Address PO Box 296

City State Zip Code
Bokeelia FL 33922-0296

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2009
Transaction ID: 90710.C20677

Amount of Each Receipt this Period 500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laird Lile

Mailing Address 250 Bahia Point

City State Zip Code
Naples FL 34103

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2009
Transaction ID: 90710.C20566

Amount of Each Receipt this Period 500.00

Receipt

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

Mailing Address 2443 SW Pine Island Road

City State Zip Code
Cape Coral FL 33991

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested
Marine Concepts owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 05 / 16 / 2009
Transaction ID: 90710.C20483

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Edward Lozick		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 29425 Chagrin Blvd Suite 201		Transaction ID: 90710.C20647
	City Beachwood	State OH	Zip Code 44122
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Swagelok Company	Occupation chairman	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Michael Lyster		Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 5931 Barclay Lane		Transaction ID: 90710.C20563
	City Naples	State FL	Zip Code 34110
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer retired	Occupation retired	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Donal Malenick		Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address 4461 Wayside Dr		Transaction ID: 90710.C20526
	City Naples	State FL	Zip Code 34119
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer retired	Occupation retired	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Steven Marin

Mailing Address 7300 SW 75 Ave

City State Zip Code
Miami FL 33143

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 9

Transaction ID: 90710.C20549

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 2301 Ringling Blvd

City State Zip Code
Sarasota FL 34237-6103

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 0 9

Transaction ID: 90710.C20639

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Tina Matte

Mailing Address 9051 Pittsburgh Blvd

City State Zip Code
Fort Myers FL 33912-7206

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 9 / 2 0 0 9

Transaction ID: 90710.C20517

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Henry McCluney

Mailing Address 271 Indian Harbor Rd

City State Zip Code
Vero Beach FL 32963-3508

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

Name of Employer retired Occupation retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 9

Transaction ID: 90710.C20293

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Barton Mitchell

Mailing Address 1071 E Inlet Dr

City State Zip Code
Marco Island FL 34145-5916

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

Name of Employer retired Occupation retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: 90710.C20419

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Richard Laken Mitchell

Mailing Address 4453 Brynwood Drive

City State Zip Code
Naples FL 34119

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

Name of Employer CMG Surety LLC Occupation attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: 90710.C20472

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 98
(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)
Millie Moore

Mailing Address 867 Cypress Lake Cir

City State Zip Code
Fort Myers FL 33919-6013

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

Name of Employer Occupation
Amerivest Realty realtor

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: 90415.C20086

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ricardo Moreno

Mailing Address 880 Butternut Terr

City State Zip Code
Boca Raton FL 33486

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90710.C20552

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ellis Naegele

Mailing Address 7993 Via Vecchia

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Homemaker homemaker

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 90710.C20577

Amount of Each Receipt this Period
250.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert O. Naegele
Mailing Address 7993 Via Vecchia
City Naples State FL Zip Code 34108
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 05 / 18 / 2009
Transaction ID: 90710.C20576
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Ana V. Navarro
Mailing Address 700 Biltmore Way Apt. 510
City Miami State FL Zip Code 33134-7560
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation consultant
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 11 / 2009
Transaction ID: 90710.C20548
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Frederick Noble
Mailing Address 41700 Corporate Way Ste D
City Palm Desert State CA Zip Code 92260-1923
FEC ID number of contributing federal political committee. **C**
Name of Employer Wintec Energy Occupation president
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 04 / 14 / 2009
Transaction ID: 90710.C20367
Amount of Each Receipt this Period 1000.00
Receipt

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address PO Box 17999

City State Zip Code
Jacksonville FL 32245-7999

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

Name of Employer Southeast-Atlantic Beverage Co
Occupation distributor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	9

Transaction ID: 90710.C20704

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Janet R. Pease

Mailing Address 954 Bal Isle Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Homemaker
Occupation homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	9

Transaction ID: 90415.C20102

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Peck

Mailing Address 13850 N.W. 105th Avenue

City State Zip Code
Hialeah FL 33016

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

Name of Employer Southern Refrigeration Eng.
Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

Transaction ID: 90710.C20542

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Mark Pomeranz	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 1920 E Hallandale Beach Blvd Ste 8	Transaction ID: 90710.C20494
	City State Zip Code Hallandale Beach FL 33009-4725	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Pomeranz & Associates, PA attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Fitzhugh Powell	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address PO Box 41490	Transaction ID: 90710.C20368
	City State Zip Code Jacksonville FL 32203-1490	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed Bonds	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Fitzhugh Powell	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address PO Box 41490	Transaction ID: 90710.C20557
	City State Zip Code Jacksonville FL 32203-1490	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed Bonds	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 98
(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)
Margaret Powell

Mailing Address 2965 Forest Cir

City State Zip Code
Jacksonville FL 32257-5617

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

Name of Employer Cecil W. Powell & Co Occupation insurance agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 9

Transaction ID: 90710.C20193

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 10 Bay Colony Dr

City State Zip Code
Fort Lauderdale FL 33308-2002

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 4 / 2 0 0 9

Transaction ID: 90710.C20684

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Ratliff III

Mailing Address PO Box 566

City State Zip Code
Sanibel FL 33957-0566

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

Name of Employer Self Employed Occupation real estate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 9

Transaction ID: 90710.C20148

Amount of Each Receipt this Period
500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 98
(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)
Michael Raymond

Mailing Address 14009 Image Lake Court

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Occupation
Florida Cancer Specialists physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90710.C20529

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mirtha Rebstock

Mailing Address 11000 SW 69th Ave

City State Zip Code
Miami FL 33156-3983

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 90710.C20543

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Reed

Mailing Address 745 Willowhead Drive

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
Personalized Physician Care In Health Care Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 90710.C20567

Amount of Each Receipt this Period
500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 98
(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)
Charles Roach, Jr.
Mailing Address 558 Lighthouse Way
City Sanibel State FL Zip Code 33957-3906
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 04 / 28 / 2009
Transaction ID: 90710.C20573
Amount of Each Receipt this Period 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Godfrey Rockefeller
Mailing Address 401 E. Linton Ave
City Delray Beach State FL Zip Code 33483
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt 04 / 08 / 2009
Transaction ID: 90415.C20076
Amount of Each Receipt this Period 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Rothert
Mailing Address 230 7th Ave N
City Naples State FL Zip Code 34102-5359
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 06 / 17 / 2009
Transaction ID: 90710.C20630
Amount of Each Receipt this Period 2400.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 98
(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)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N
Apt. 12

City Naples State FL Zip Code 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90710.C20374

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N
Apt. 12

City Naples State FL Zip Code 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 90710.C20569

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N
Apt. 12

City Naples State FL Zip Code 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 90710.C20568

Amount of Each Receipt this Period
900.00

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) John W. Sampson		Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 9614 Parkwood Ct.		Transaction ID: 90710.C20433
	City Fort Myers	State FL	Zip Code 33908-2861
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer retired	Occupation retired	Receipt

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Bruce A. Samson		Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 3203 Bayshore Blvd., #602		Transaction ID: 90710.C20375
	City Tampa	State FL	Zip Code 33629
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer retired	Occupation retired	Receipt

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Laurence Saslaw		Date of Receipt MM / DD / YYYY 04 / 04 / 2009
	Mailing Address 541 Norsota Way		Transaction ID: 90415.C20091
	City Sarasota	State FL	Zip Code 34242
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer self-employed	Occupation investor	Receipt

Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 98
(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)
Mary E. Savary-Taylor

Mailing Address 409 McArthur Ave NE

City State Zip Code
Vienna VA 22180-3563

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

Name of Employer Occupation
The Nickles Group vice president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

Transaction ID: 90415.C20092

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frederick W. Schaerf, MD

Mailing Address 1051 Sumica Dr

City State Zip Code
Fort Myers FL 33919-2621

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

Name of Employer Occupation
Self Employed physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

Transaction ID: 90415.C20085

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 4703 Dolphin Cay Ln S

City State Zip Code
Saint Petersburg FL 33711

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

Name of Employer Occupation
Procrete Systems business manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	9

Transaction ID: 90710.C20510

Amount of Each Receipt this Period
250.00

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) John Schubert	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address PO Box 696	Transaction ID: 90710.C20574
	City State Zip Code Captiva FL 33924-0696	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: retired Occupation: retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Robert F. Schwindt	Date of Receipt MM / DD / YYYY 06 / 13 / 2009
	Mailing Address 1000 Arbor Lake Drive #1608	Transaction ID: 90710.C20598
	City State Zip Code Naples FL 34110	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: retired Occupation: retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Karen Scott	Date of Receipt MM / DD / YYYY 04 / 05 / 2009
	Mailing Address 3775 Rum Row	Transaction ID: 90415.C20105
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Homemaker Occupation: homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 98
(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)
Ralph W. Sexton

Mailing Address P. O. Box 2187

City State Zip Code
Vero Beach FL 32961

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

Name of Employer Occupation
Sexton, Inc cattle rancher

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 90710.C20333

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Constance Shank

Mailing Address 23773 Creek Branch Ln

City State Zip Code
Bonita Springs FL 34135-4013

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

Name of Employer Occupation
retired retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90710.C20237

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Shores

Mailing Address 3811 NW 13th St

City State Zip Code
Gainesville FL 32609-2179

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

Name of Employer Occupation
Shores Animal Hospital veterinarian

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 90710.C20644

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
John Smale
Mailing Address 107 Sunset Drive
City Marathon State FL Zip Code 33050
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 07 / 2009
Transaction ID: 90710.C20535
Amount of Each Receipt this Period 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Cynthia Spalliero
Mailing Address 28900 Girard Ter
City Naples State FL Zip Code 34119-0909
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 04 / 23 / 2009
Transaction ID: 90710.C20579
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
David Spellberg
Mailing Address 2485 Lantern Lane
City Naples State FL Zip Code 34102
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 06 / 01 / 2009
Transaction ID: 90710.C20565
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 98
(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)
Nick Stanham

Mailing Address 1901 Brickell Ave Apt B401

City State Zip Code
Miami FL 33129-1738

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

Name of Employer Occupation
Rosas & Stanham, LLP attorney

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

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 90710.C20428

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Sublett

Mailing Address 1200 Kasamada Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Occupation
First Home Builders of Florida construction

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

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 90710.C20475

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Margaret Sulick

Mailing Address 3295 Fort Charles Dr

City State Zip Code
Naples FL 34102-7924

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

Name of Employer Occupation
City of Naples Naples City Council

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

Date of Receipt
MM / DD / YYYY
06 / 01 / 2009

Transaction ID: 90710.C20562

Amount of Each Receipt this Period
250.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 98
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Vernon J. Troyer

Mailing Address 22335 Palm Beach Blvd.

City Alva State FL Zip Code 33920

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

Name of Employer self-employed Occupation farmer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 11 / 2009
Transaction ID: 90710.C20149
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Eneida Valdes-lora

Mailing Address 146 Island Dorada Blvd

City Miami State FL Zip Code 33143

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2009
Transaction ID: 90710.C20672
Amount of Each Receipt this Period 500.00
Receipt

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

Mailing Address 1206 Bay Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer Sandcastle Construction Co. In Occupation Building contractor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 05 / 20 / 2009
Transaction ID: 90710.C20575
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 98
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Ashley Ward

Mailing Address 7425 Pelican Bay Blvd Apt 1503

City State Zip Code
Naples FL 34108-5507

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

Name of Employer retired Occupation retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90710.C20427

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 3893 Woodlake Drive

City State Zip Code
Bonita Springs FL 34134-8608

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

Name of Employer Frederick Motor Co Occupation consultant

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90710.C20429

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ralph Whitney

Mailing Address 9253 SW 83rd Ter Unit D

City State Zip Code
Ocala FL 34481-4554

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

Name of Employer retired Occupation retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: 90710.C20678

Amount of Each Receipt this Period
250.00

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial) William Winterer		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address P. O. Box 1009		Transaction ID: 90710.C20152
City Boca Grande	State FL	Zip Code 33921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer retired	Occupation retired	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

B.

Full Name (Last, First, Middle Initial) William Young		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
Mailing Address 833 Kalli Creek Ln		Transaction ID: 90710.C20216
City Saint Augustine	State FL	Zip Code 32080-5816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer retired	Occupation retired	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	54194.50

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

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

FOR LINE NUMBER: PAGE 43 / 98
(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)
Associated Builders & Contractors CCE
Mailing Address 4250 North Fairfax Drive, 9th floor

City State Zip Code
Arlington VA 22203

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

Name of Employer n/a Occupation political committee

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 9
Transaction ID: 90710.C20617
 Amount of Each Receipt this Period
 2500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Branch Banking & Trust Company
Mailing Address PO Box 1290

City State Zip Code
Winston Salem NC 27102-1290

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 9
Transaction ID: 90710.C20488
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Collier County Medical Society
Mailing Address Political Action Committee
1148 Goodlette Rd N

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: 90710.C20618
 Amount of Each Receipt this Period
 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 98
(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)
Comcast Corporation PAC

Mailing Address 1500 Market Street, 35th Fl.

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 04 / 01 / 2009
Transaction ID: 90415.C20134
 Amount of Each Receipt this Period: 1500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Dade County Fire Fighters

Mailing Address Local 1403 Pac
8000 NW 21st Street, Suite No 222

City Miami State FL Zip Code 33122

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: 90710.C20554
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Ave, NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 19 / 2009
Transaction ID: 90710.C20707
 Amount of Each Receipt this Period: 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 98
(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)
InsurPac

Mailing Address 412 First St. SE
Suite 300

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: 90710.C20490

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
KochPAC

Mailing Address 655 15th Street, NW
Suite 445

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: 90710.C20538

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: 90710.C20706

Amount of Each Receipt this Period
1000.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 98
(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)
Progress Energy Employees Federal PAC

Mailing Address 801 Pennsylvania Ave, NW
Suite 250

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2009
Transaction ID: 90710.C20265
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Regions Financial Corp. Fed. PAC

Mailing Address 417 - 20th Street

City Birmingham State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C** C00179473

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: 90710.C20673
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Tom Walsh 2010 Senate Exploratory Commt

Mailing Address 6245-B Copper Leaf Ln

City Naples State FL Zip Code 34116

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt: 05 / 16 / 2009
Transaction ID: 90710.C20555
 Amount of Each Receipt this Period: 50.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Union Pacific PAC		Date of Receipt
	Mailing Address 600 Thirteenth Street, NW Suite 340		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00010470"/>	Transaction ID: 90710.C20695
Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>	
			Receipt

B.	Full Name (Last, First, Middle Initial) WAL-PAC		Date of Receipt
	Mailing Address 7002 SW 8th Street		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bentonville	AR	72716-0150
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value=""/>	Transaction ID: 90710.C20589
Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="1000.00"/>	
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12550.00"/>

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)

PAGE 48 / 98

<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) Doyle Bartlett <hr/> Mailing Address 609 Oakley Place <hr/> City Alexandria State VA Zip Code 22302- <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90710.C20467IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 344.50 <hr/> IN KIND:
B.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N. Astor Street <hr/> City Irvington State NY Zip Code 10533- <hr/> Purpose of Disbursement political consulting fee <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E4827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> POLITICAL CONSULTING FEE
C.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N. Astor Street <hr/> City Irvington State NY Zip Code 10533- <hr/> Purpose of Disbursement expense reimbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E4828 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 491.63 <hr/> EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

2336.13

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) Arthur J. Finkelstein & Assoc.	Transaction ID: 90710.E4889 Date of Disbursement 05 / 11 / 2009
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 645.20
	City Irvington State NY Zip Code 10533-	
	Purpose of Disbursement expense reimbursement	Category/Type
	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) ▼
		EXPENSE REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.	Transaction ID: 90710.E4888 Date of Disbursement 05 / 11 / 2009
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 1500.00
	City Irvington State NY Zip Code 10533-	
	Purpose of Disbursement political consulting fee	Category/Type
	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) ▼
		POLITICAL CONSULTING FEE

C.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.	Transaction ID: 90710.E4943 Date of Disbursement 06 / 11 / 2009
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 3500.00
	City Irvington State NY Zip Code 10533-	
	Purpose of Disbursement political consulting fee	Category/Type
	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) ▼
		POLITICAL CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)	▶	5645.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City Irvington State NY Zip Code 10533- Purpose of Disbursement expense reimbursement 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: 90710.E4944 Date of Disbursement 06 / 11 / 2009 Amount of Each Disbursement this Period 1378.78 EXPENSE REIMBURSEMENT
B.	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 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: 90414.E4824 Date of Disbursement 04 / 01 / 2009 Amount of Each Disbursement this Period 1500.00 FUNDRAISING CONSULTING FEE
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 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: 90710.E4875 Date of Disbursement 04 / 07 / 2009 Amount of Each Disbursement this Period 5949.00 FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	8827.78
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) Mr. Rob Jennings	Transaction ID: 90710.E4877 Date of Disbursement 05 / 01 / 2009	
	Mailing Address American Event Consulting, Inc. 501 L St NW		
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE
B.	Full Name (Last, First, Middle Initial) Mr. Rob Jennings	Transaction ID: 90710.E4936 Date of Disbursement 05 / 26 / 2009	
	Mailing Address American Event Consulting, Inc. 501 L St NW		
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE
C.	Full Name (Last, First, Middle Initial) Ms. Gail M. Lawson	Transaction ID: 90710.E4898 Date of Disbursement 05 / 11 / 2009	
	Mailing Address PO Box 1506		
	City Fort Myers State FL Zip Code 33902-1506	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement event expense- catering 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) ▼	EVENT EXPENSE- CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
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) Mr. Patrick McQuillan	Transaction ID: 90414.E4823 Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 3048 Horizon Ln Apt 1103	Amount of Each Disbursement this Period 500.00
	City Naples State FL Zip Code 34109-8960	
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING FEE

B.	Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan	Transaction ID: 90710.E4880 Date of Disbursement MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 3048 Horizon Ln Apt 1103	Amount of Each Disbursement this Period 500.00
	City Naples State FL Zip Code 34109-8960	
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING FEE

C.	Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan	Transaction ID: 90710.E4937 Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 3048 Horizon Ln Apt 1103	Amount of Each Disbursement this Period 500.00
	City Naples State FL Zip Code 34109-8960	
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement contribution</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>Transaction ID: 90710.E4945</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> <p>CONTRIBUTION</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	1	/	2	0	0	9													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Mr. Donald Ortiz</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement event expense- musician</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>Transaction ID: 90710.E4885</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>EVENT EXPENSE- MUSICIAN</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	8	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	8	/	2	0	0	9													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90414.E4840</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">4115.46</td> </tr> </table> <p>CREDIT CARD: SEE BELOW</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	7	/	2	0	0	9	4115.46
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	7	/	2	0	0	9													
4115.46																						

SUBTOTAL of Disbursements This Page (optional) ►

6615.46

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) AT&T Wireless <hr/> Mailing Address P. O. Box 8229 <hr/> City Aurora State IL Zip Code 60572- <hr/> Purpose of Disbursement telephone service Candidate Name <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: 90414.E4847 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 367.81 [MEMO ITEM] MEMO: TELEPHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage <hr/> Mailing Address 8953 Terrene Court <hr/> City Bonita Springs State FL Zip Code 34135- <hr/> Purpose of Disbursement storage Candidate Name <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: 90414.E4867 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 157.94 [MEMO ITEM] MEMO: STORAGE
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement event Candidate Name <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: 90414.E4858 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 385.52 [MEMO ITEM] MEMO: EVENT

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) Costco	Transaction ID: 90414.E4862 Date of Disbursement 04 / 07 / 2009
	Mailing Address 7171 Cypress Lake Drive	Amount of Each Disbursement this Period 95.77
	City Fort Myers State FL Zip Code 33907-	
	Purpose of Disbursement fundraising expense- event supplies	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 90414.E4844 Date of Disbursement 04 / 07 / 2009
	Mailing Address P. O. Box 1140	Amount of Each Disbursement this Period 22.16
	City Memphis State TN Zip Code 38101-	
	Purpose of Disbursement express mail delivery	[MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 90414.E4845 Date of Disbursement 04 / 07 / 2009
	Mailing Address P. O. Box 1140	Amount of Each Disbursement this Period 50.53
	City Memphis State TN Zip Code 38101-	
	Purpose of Disbursement express mail delivery	[MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	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

<p>A. Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement advertising</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>Transaction ID: 90414.E4851</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1040.41</td> </tr> </table> <p>[MEMO ITEM] MEMO: ADVERTISING</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9	1040.41
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	9													
1040.41																						
<p>B. Full Name (Last, First, Middle Initial) Simulscribe Inc</p> <p>Mailing Address 34 Broad Street</p> <p>City Red Bank State NJ Zip Code 07701-</p> <p>Purpose of Disbursement messaging 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>Transaction ID: 90414.E4855</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">29.95</td> </tr> </table> <p>[MEMO ITEM] MEMO: MESSAGING SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9	29.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	9													
29.95																						
<p>C. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 13711 S. Tamiami Trail</p> <p>City Fort Myers State FL Zip Code 33912-</p> <p>Purpose of Disbursement fundraising expense- event supplies</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>Transaction ID: 90414.E4866</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">60.58</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9	60.58
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	9													
60.58																						

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90414.E4841
Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

162.30

[MEMO ITEM]
MEMO: MEALS

B.

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90414.E4856
Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

54.00

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20016-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90414.E4860
Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

45.57

[MEMO ITEM]
MEMO: MEALS

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) US Airways	Transaction ID: 90414.E4854 Date of Disbursement 04 / 07 / 2009
	Mailing Address 7 Park Center	Amount of Each Disbursement this Period 407.00
	City Pittsburgh State PA Zip Code 15220-	
	Purpose of Disbursement travel expense- airline ticket	[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: 90414.E4849 Date of Disbursement 04 / 07 / 2009
	Mailing Address 1050 Connecticut Ave, NW	Amount of Each Disbursement this Period 42.00
	City Washington State DC Zip Code 20036-	
	Purpose of Disbursement postage	[MEMO ITEM] MEMO: POSTAGE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Pinchers Crab Shack	Transaction ID: 90414.E4842 Date of Disbursement 04 / 07 / 2009
	Mailing Address 13021 N. Cleveland Ave.	Amount of Each Disbursement this Period 76.58
	City North Fort Myers State FL Zip Code 33903-	
	Purpose of Disbursement meals	[MEMO ITEM] MEMO: MEALS
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	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

<p>A. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 2 North LaSalle St</p> <p>City Chicago State IL Zip Code 60602-</p> <p>Purpose of Disbursement travel expense- airline ticket</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>Transaction ID: 90414.E4859</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">620.20</td> </tr> </table> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9	620.20
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	9													
620.20																						
<p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 131 North Court House Rd</p> <p>City Arlington State VA Zip Code 22201-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90414.E4850</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">158.71</td> </tr> </table> <p>[MEMO ITEM] MEMO: CELL PHONE SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9	158.71
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	9													
158.71																						
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90710.E4899</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">10335.36</td> </tr> </table> <p>CREDIT CARD: SEE BELOW</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9	10335.36
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	0	9													
10335.36																						

SUBTOTAL of Disbursements This Page (optional) ►

10335.36

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>A. Full Name (Last, First, Middle Initial) ABC Fine Wine & Spirits</p> <p>Mailing Address 1000 Crosspointe Dr</p> <p>City Naples State FL Zip Code 34110-0917</p> <p>Purpose of Disbursement fundraising expense- event supplies</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>Transaction ID: 90710.E4922</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">59.34</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	59.34
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
59.34																						
<p>B. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</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>Transaction ID: 90710.E4903</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">781.86</td> </tr> </table> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	781.86
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
781.86																						
<p>C. 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 Fundraising expense- event</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>Transaction ID: 90710.E4914</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">596.92</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	596.92
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
596.92																						

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) Costco Mailing Address 7171 Cypress Lake Drive City Fort Myers State FL Zip Code 33907- Purpose of Disbursement fundraising expense- 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: 90710.E4920 Date of Disbursement 05 / 11 / 2009 Amount of Each Disbursement this Period 125.20 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES	
B.	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 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: 90710.E4917 Date of Disbursement 05 / 11 / 2009 Amount of Each Disbursement this Period 116.45 [MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY	
C.	Full Name (Last, First, Middle Initial) Good Stuff Eatery Mailing Address 303 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1148 Purpose of Disbursement Fundraising expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90710.E4906 Date of Disbursement 05 / 11 / 2009 Amount of Each Disbursement this Period 511.98 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE	

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

<p>A. Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement advertising</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>Transaction ID: 90710.E4902</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2175.05"/></p> <p>[MEMO ITEM] MEMO: ADVERTISING</p>
<p>B. Full Name (Last, First, Middle Initial) Old Corkscrew Golf</p> <p>Mailing Address 17320 Corkscrew Rd</p> <p>City Estero State FL Zip Code 33928-9417</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>Transaction ID: 90710.E4904</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2004.31"/></p> <p>[MEMO ITEM] MEMO: EVENT EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Register.com</p> <p>Mailing Address www.register.com</p> <p>City State Zip Code</p> <p>Purpose of Disbursement website fee</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>Transaction ID: 90710.E4910</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.99"/></p> <p>[MEMO ITEM] MEMO: WEBSITE FEE</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)
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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90710.E4909
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

Amount of Each Disbursement this Period

29.95

[MEMO ITEM]
MEMO: MESSAGING SERVICE

B.

Full Name (Last, First, Middle Initial)
Target

Mailing Address 13711 S. Tamiami Trail

City State Zip Code
Fort Myers FL 33912-

Purpose of Disbursement
fundraising expense- event supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90710.E4918
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

Amount of Each Disbursement this Period

93.58

[MEMO ITEM]
MEMO: FUNDRAISING EXPENSE-
EVENT SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st Street, S.E.

City State Zip Code
Washington DC 20016-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90710.E4915
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

Amount of Each Disbursement this Period

6.25

[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**

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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>A. 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>Transaction ID: 90710.E4901</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">660.90</td> </tr> </table> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKETS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	660.90
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
660.90																						
<p>B. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd</p> <p>City Fort Worth State TX Zip Code 76155-</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>Transaction ID: 90710.E4907</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">423.20</td> </tr> </table> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKETS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	423.20
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
423.20																						
<p>C. Full Name (Last, First, Middle Initial) Promotional Vendor</p> <p>Mailing Address 229 SE 46th Ln</p> <p>City Cape Coral State FL Zip Code 33904-8504</p> <p>Purpose of Disbursement fundraising expense- event supplies</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>Transaction ID: 90710.E4924</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1671.79</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	9	1671.79
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	1	/	2	0	0	9													
1671.79																						

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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Vergina</p> <p>Mailing Address 700 5th Ave S</p> <p>City Naples State FL Zip Code 34102-6604</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>Transaction ID: 90710.E4905</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 249.35</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 131 North Court House Rd</p> <p>City Arlington State VA Zip Code 22201-</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>Transaction ID: 90710.E4908</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 155.36</p> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90710.E4977</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 10747.04</p> <p>CREDIT CARD: SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10747.04

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)
Best Buy

Mailing Address 5019 S. Cleveland Avenue

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E5006
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

861.76

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
AAA Bartenders

Mailing Address 2102 Alamanda Dr Apt 204

City State Zip Code
Naples FL 34102-4722

Purpose of Disbursement
fundraising expense- event
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E5013
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

420.00

[MEMO ITEM]
MEMO: FUNDRAISING EXPENSE-
EVENT

C.

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

Mailing Address P. O. Box 8229

City State Zip Code
Aurora IL 60572-

Purpose of Disbursement
telephone service
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E5016
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

286.16

[MEMO ITEM]
MEMO: TELEPHONE SERVICE

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) AT&T Wireless <hr/> Mailing Address P. O. Box 8229 <hr/> City Aurora State IL Zip Code 60572- <hr/> Purpose of Disbursement telephone service Candidate Name <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: 90710.E4983 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 378.69 [MEMO ITEM] MEMO: TELEPHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Avenue, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement campaign software Candidate Name <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: 90710.E5000 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 2400.00 [MEMO ITEM] MEMO: CAMPAIGN SOFTWARE
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement meals Candidate Name <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: 90710.E4997 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 367.35 [MEMO ITEM] MEMO: MEALS

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 7171 Cypress Lake Drive</p> <p>City Fort Myers State FL Zip Code 33907-</p> <p>Purpose of Disbursement fundraising expense- event supplies</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>Transaction ID: 90710.E5018</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 318.33</p> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Createandsend.com</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement email blast 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>Transaction ID: 90710.E4990</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 212.80</p> <p>[MEMO ITEM] MEMO: EMAIL BLAST SERVICE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address P. O. Box 1140</p> <p>City Memphis State TN Zip Code 38101-</p> <p>Purpose of Disbursement express mail delivery</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>Transaction ID: 90710.E5004</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 173.05</p> <p>[MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 69 / 98

<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) Google	Transaction ID: 90710.E4992 Date of Disbursement 06 / 11 / 2009
	Mailing Address 1600 Amphitheatre Pkwy	Amount of Each Disbursement this Period 550.29
	City Mountain View State CA Zip Code 94043-1351	
	Purpose of Disbursement advertising 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) ▼
		[MEMO ITEM] MEMO: ADVERTISING

B.	Full Name (Last, First, Middle Initial) Omaha Steaks	Transaction ID: 90710.E5019 Date of Disbursement 06 / 11 / 2009
	Mailing Address 2367 Vanderbilt Beach Rd Ste 802	Amount of Each Disbursement this Period 211.16
	City Naples State FL Zip Code 34109-2774	
	Purpose of Disbursement campaign gift 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) ▼
		[MEMO ITEM] MEMO: CAMPAIGN GIFT

C.	Full Name (Last, First, Middle Initial) Register.com	Transaction ID: 90710.E4982 Date of Disbursement 06 / 11 / 2009
	Mailing Address www.register.com	Amount of Each Disbursement this Period 137.98
	City State Zip Code	
	Purpose of Disbursement website fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: WEBSITE FEE

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

<p>A. Full Name (Last, First, Middle Initial) Simulscribe Inc</p> <p>Mailing Address 34 Broad Street</p> <p>City Red Bank State NJ Zip Code 07701-</p> <p>Purpose of Disbursement messaging 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>Transaction ID: 90710.E4995</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">29.95</td> </tr> </table> <p>[MEMO ITEM] MEMO: MESSAGING SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	9		29.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	9														
29.95																						
<p>B. Full Name (Last, First, Middle Initial) Taylor Rental</p> <p>Mailing Address 4472 Corporate Sq</p> <p>City Naples State FL Zip Code 34104-4755</p> <p>Purpose of Disbursement fundraising expense- event rentals</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>Transaction ID: 90710.E5015</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">716.80</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT RENTALS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	9		716.80
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	9														
716.80																						
<p>C. Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 1st Street, S.E.</p> <p>City Washington State DC Zip Code 20016-</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>Transaction ID: 90710.E5002</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">32.28</td> </tr> </table> <p>[MEMO ITEM] MEMO: MEALS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	9		32.28
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	9														
32.28																						

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

<p>A. 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 ticket</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>Transaction ID: 90710.E5001</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">172.60</td> </tr> </table> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9	172.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	9													
172.60																						
<p>B. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Pagefield Postal Store</p> <p>City Fort Myers State FL Zip Code 33907-1403</p> <p>Purpose of Disbursement postage</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>Transaction ID: 90710.E5005</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">56.69</td> </tr> </table> <p>[MEMO ITEM] MEMO: POSTAGE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9	56.69
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	9													
56.69																						
<p>C. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 1050 Connecticut Ave, NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement postage</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>Transaction ID: 90710.E4985</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">84.00</td> </tr> </table> <p>[MEMO ITEM] MEMO: POSTAGE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9	84.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	9													
84.00																						

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) American Airlines <hr/> Mailing Address 4333 Amon Carter Blvd <hr/> City Fort Worth State TX Zip Code 76155- <hr/> Purpose of Disbursement travel expense- airline ticket Candidate Name <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: 90710.E4999 Date of Disbursement 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 403.20 <hr/> [MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
B.	Full Name (Last, First, Middle Initial) Millers Ale House <hr/> Mailing Address 6320 Hollywood Blvd <hr/> City Naples State FL Zip Code 34109- <hr/> Purpose of Disbursement meals Candidate Name <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: 90710.E4989 Date of Disbursement 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 49.07 <hr/> [MEMO ITEM] MEMO: MEALS
C.	Full Name (Last, First, Middle Initial) The Palm <hr/> Mailing Address 1225 19th Street, NW <hr/> City Washington State DC Zip Code 20036- <hr/> Purpose of Disbursement campaign dinner Candidate Name <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: 90710.E5020 Date of Disbursement 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 1800.73 <hr/> [MEMO ITEM] MEMO: CAMPAIGN DINNER

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)
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: 90710.E4993

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

188.88

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

B.

Full Name (Last, First, Middle Initial)
Arent Fox LLP

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement
accounting legal and admin fees

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90414.E4830

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

3838.69

ACCOUNTING LEGAL AND ADMIN FEES

C.

Full Name (Last, First, Middle Initial)
Arent Fox LLP

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement
legal accounting and admin fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90710.E4893

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

6075.46

LEGAL ACCOUNTING AND ADMIN FEE

SUBTOTAL of Disbursements This Page (optional) ▶

9914.15

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>A.</p> <p>Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement legal accounting and admin fee</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>Transaction ID: 90710.E4946</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">5860.57</td> </tr> </table> <p>LEGAL ACCOUNTING AND ADMIN FEE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0	9	5860.57
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	1	/	2	0	0	9													
5860.57																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90414.E4822</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">351.41</td> </tr> </table> <p>CELL PHONE SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	1	/	2	0	0	9	351.41
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	1	/	2	0	0	9													
351.41																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&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>Transaction ID: 90710.E4891</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">356.74</td> </tr> </table> <p>TELEPHONE SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	9	/	2	0	0	9	356.74
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	9	/	2	0	0	9													
356.74																						

SUBTOTAL of Disbursements This Page (optional) ▶

6568.72

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 98

<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) AT&T- Cingular Wireless	Transaction ID: 90710.E4939 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 705.31
	City Tampa State FL Zip Code 33631-3488	
	Purpose of Disbursement telephone service 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) ▼
		TELEPHONE SERVICE

B.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 90710.E5035 Date of Disbursement 06 / 29 / 2009
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 385.93
	City Tampa State FL Zip Code 33631-3488	
	Purpose of Disbursement cell phone service 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) ▼
		CELL PHONE SERVICE

C.	Full Name (Last, First, Middle Initial) Auto Owners Inc	Transaction ID: 90414.E4838 Date of Disbursement 04 / 07 / 2009
	Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107	Amount of Each Disbursement this Period 210.53
	City Cape Coral State FL Zip Code 33904-7282	
	Purpose of Disbursement campaign car insurance Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CAR INSURANCE

SUBTOTAL of Disbursements This Page (optional)	1301.77
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>A.</p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <p>Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107</p> <p>City Cape Coral State FL Zip Code 33904-7282</p> <p>Purpose of Disbursement campaign car insurance</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>Transaction ID: 90710.E4883</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 210.55</p> <p>CATEGORY/Type CAMPAIGN CAR INSURANCE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <p>Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107</p> <p>City Cape Coral State FL Zip Code 33904-7282</p> <p>Purpose of Disbursement campaign car insurance</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>Transaction ID: 90710.E4941</p> <p>Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 210.55</p> <p>CATEGORY/Type CAMPAIGN CAR INSURANCE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) City Of Bonita Springs</p> <p>Mailing Address 9101 Bonita Beach Rd SE</p> <p>City Bonita Springs State FL Zip Code 34135-4215</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90710.E4886</p> <p>Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 620.00</p> <p>CATEGORY/Type EVENT EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1041.10

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

A.	Full Name (Last, First, Middle Initial) City Of Bonita Springs	Transaction ID: 90710.E4887 Date of Disbursement 05 / 08 / 2009
	Mailing Address 9101 Bonita Beach Rd SE	Amount of Each Disbursement this Period 25.00
	City Bonita Springs State FL Zip Code 34135-4215	
	Purpose of Disbursement event 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) ▼
		EVENT EXPENSE

B.	Full Name (Last, First, Middle Initial) Capital One	Transaction ID: 90710.E4952 Date of Disbursement 06 / 11 / 2009
	Mailing Address P. O. Box 60024	Amount of Each Disbursement this Period 1515.60
	City City Of Industry State CA Zip Code 91716-	
	Purpose of Disbursement CREDIT CARD: SEE BELOW 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) ▼
		CREDIT CARD: SEE BELOW

C.	Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee	Transaction ID: 90710.E4967 Date of Disbursement 06 / 11 / 2009
	Mailing Address P. O. Box 7367	Amount of Each Disbursement this Period 25.00
	City Naples State FL Zip Code 34101-	
	Purpose of Disbursement meeting 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) ▼
		[MEMO ITEM] MEMO: MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	1540.60
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) Collier Co Rep Executive Committee Mailing Address P. O. Box 7367 City Naples State FL Zip Code 34101- Purpose of Disbursement meeting expenses 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: 90710.E4966 Date of Disbursement 06 / 11 / 2009
	Amount of Each Disbursement this Period 75.00 [MEMO ITEM] MEMO: MEETING EXPENSES

B. Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee Mailing Address P. O. Box 7367 City Naples State FL Zip Code 34101- Purpose of Disbursement meeting expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90710.E4955 Date of Disbursement 06 / 11 / 2009
	Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO: MEETING EXPENSE

C. Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee Mailing Address P. O. Box 7367 City Naples State FL Zip Code 34101- Purpose of Disbursement Lincoln Day Dinner 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: 90710.E4969 Date of Disbursement 06 / 11 / 2009
	Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO: LINCOLN DAY DINNER 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) Collier Co Rep Executive Committee	Transaction ID: 90710.E4959 Date of Disbursement																			
	Mailing Address P. O. Box 7367	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Naples State FL Zip Code 34101-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement meeting expense	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	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) ▼																			
		[MEMO ITEM] MEMO: MEETING EXPENSE																			

B.	Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee	Transaction ID: 90710.E4968 Date of Disbursement																			
	Mailing Address P. O. Box 7367	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Naples State FL Zip Code 34101-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement breakfast meeting	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	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) ▼																			
		[MEMO ITEM] MEMO: BREAKFAST MEETING																			

C.	Full Name (Last, First, Middle Initial) Lee County Republicans	Transaction ID: 90710.E4953 Date of Disbursement																			
	Mailing Address P. O. Box 61465	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Fort Myers State FL Zip Code 33906-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement meeting expense	<table border="1"><tr><td>26.00</td></tr></table>	26.00																		
26.00																					
	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) ▼																			
		[MEMO ITEM] MEMO: MEETING EXPENSE																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Lee County Republicans

Mailing Address P. O. Box 61465

City State Zip Code
Fort Myers FL 33906-

Purpose of Disbursement
meeting expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E4958
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]
MEMO: MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Lee County Republicans

Mailing Address P. O. Box 61465

City State Zip Code
Fort Myers FL 33906-

Purpose of Disbursement
meeting expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E4962
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]
MEMO: MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Lee County Republicans

Mailing Address P. O. Box 61465

City State Zip Code
Fort Myers FL 33906-

Purpose of Disbursement
meeting expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 90710.E4960
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]
MEMO: MEETING 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) Lee County Republicans Mailing Address P. O. Box 61465 City Fort Myers State FL Zip Code 33906- Purpose of Disbursement meeting expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90710.E4961 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 40.00 [MEMO ITEM] MEMO: MEETING EXPENSE
B.	Full Name (Last, First, Middle Initial) Washington Nationals Mailing Address 1500 S Capitol St SE City Washington State DC Zip Code 20003-3599 Purpose of Disbursement staff retreat- 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: 90710.E4965 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 350.00 [MEMO ITEM] MEMO: STAFF RETREAT- TICKETS
C.	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: 90414.E4868 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 74.56 CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

74.56

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) 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:	Transaction ID: 90414.E4869 Date of Disbursement MM / DD / YYYY 04 / 07 / 2009
	Amount of Each Disbursement this Period 4.62 [MEMO ITEM] MEMO: CREDIT CARD FEE

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:	Transaction ID: 90710.E4926 Date of Disbursement MM / DD / YYYY 05 / 11 / 2009
	Amount of Each Disbursement this Period 189.64 CREDIT CARD: SEE BELOW

C. Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90710.E4927 Date of Disbursement MM / DD / YYYY 05 / 11 / 2009
	Amount of Each Disbursement this Period 165.84 [MEMO ITEM] MEMO: STORAGE

SUBTOTAL of Disbursements This Page (optional) ▶	189.64
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>A. Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement credit card fee</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>Transaction ID: 90710.E4933</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 6.85</p> <p>[MEMO ITEM] MEMO: CREDIT CARD FEE</p>
<p>B. Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90710.E5021</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 190.87</p> <p>CREDIT CARD: SEE BELOW</p>
<p>C. 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>Transaction ID: 90710.E5024</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 165.84</p> <p>[MEMO ITEM] MEMO: STORAGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

190.87

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)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
credit card fee
Candidate Name

Category/
Type

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

Transaction ID: 90710.E5022
Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

8.08

[MEMO ITEM]
MEMO: CREDIT CARD FEE

B.

Full Name (Last, First, Middle Initial)
David L. Andrukitis, Inc

Mailing Address Printing & Mailing Services
50 E Street SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
campaign stationary
Candidate Name

Category/
Type

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

Transaction ID: 90414.E4836
Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

1760.05

CAMPAIGN STATIONARY

C.

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

Category/
Type

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

Transaction ID: 90415.E4873
Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

34.64

FUNDRAISING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

1794.69

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)

PAGE 85 / 98

<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) 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: 90710.E4876 Date of Disbursement 05 / 11 / 2009 Amount of Each Disbursement this Period 187.08 FUNDRAISING FEE
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: 90710.E5027 Date of Disbursement 06 / 24 / 2009 Amount of Each Disbursement this Period 56.20 FUNDRAISING FEE
C.	Full Name (Last, First, Middle Initial) Fat Rocks Catering Mailing Address Attn: James Caney 1949 Veronica Shoemaker Blvd City Fort Myers State FL Zip Code 33916- Purpose of Disbursement Fundraising expense- catering 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: 90710.E4934 Date of Disbursement 05 / 14 / 2009 Amount of Each Disbursement this Period 849.15 FUNDRAISING EXPENSE- CATE- RING

SUBTOTAL of Disbursements This Page (optional) ▶

1092.43

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) Field of Dreams Mailing Address 8177 Gull Ln City Fort Myers State FL Zip Code 33967-3408 Purpose of Disbursement fundraising 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: 90710.E5026 Date of Disbursement 06 / 04 / 2009	Amount of Each Disbursement this Period 250.00 FUNDRAISING SUPPLIES
B.	Full Name (Last, First, Middle Initial) Five County Insurance Mailing Address 14120 Metropolis Ave City Fort Myers State FL Zip Code 33912-4331 Purpose of Disbursement event expense- insurance 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: 90710.E4884 Date of Disbursement 05 / 08 / 2009	Amount of Each Disbursement this Period 567.64 EVENT EXPENSE- INSURANCE
C.	Full Name (Last, First, Middle Initial) Florida Business Information, Inc. Mailing Address PO Box 193 City Bell State FL Zip Code 32619- Purpose of Disbursement newspaper clipping service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E4832 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 130.00 NEWSPAPER CLIPPING SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	947.64
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) Florida Business Information, Inc. <hr/> Mailing Address PO Box 193 <hr/> City Bell State FL Zip Code 32619- <hr/> Purpose of Disbursement newspaper clipping service Candidate Name <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: 90710.E4894 Date of Disbursement 05 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 130.00 <hr/> NEWSPAPER CLIPPING SERVICE
B.	Full Name (Last, First, Middle Initial) Florida Business Information, Inc. <hr/> Mailing Address PO Box 193 <hr/> City Bell State FL Zip Code 32619- <hr/> Purpose of Disbursement newspaper clipping service Candidate Name <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: 90710.E4947 Date of Disbursement 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 130.00 <hr/> NEWSPAPER CLIPPING SERVICE
C.	Full Name (Last, First, Middle Initial) Ford Credit <hr/> Mailing Address PO Box 105697 <hr/> City Atlanta State GA Zip Code 30348-5697 <hr/> Purpose of Disbursement campaign car Candidate Name <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: 90414.E4839 Date of Disbursement 04 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 667.50 <hr/> CAMPAIGN CAR

SUBTOTAL of Disbursements This Page (optional) ▶	927.50
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

PAGE 88 / 98

<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) Ford Credit	Transaction ID: 90710.E4882 Date of Disbursement 05 / 05 / 2009
	Mailing Address PO Box 105697	Amount of Each Disbursement this Period 635.71
	City Atlanta State GA Zip Code 30348-5697	
	Purpose of Disbursement campaign car	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CAR

B.	Full Name (Last, First, Middle Initial) Ford Credit	Transaction ID: 90710.E4942 Date of Disbursement 06 / 05 / 2009
	Mailing Address PO Box 105697	Amount of Each Disbursement this Period 603.92
	City Atlanta State GA Zip Code 30348-5697	
	Purpose of Disbursement campaign car	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CAR

C.	Full Name (Last, First, Middle Initial) Jivaldi LLC	Transaction ID: 90414.E4834 Date of Disbursement 04 / 07 / 2009
	Mailing Address 707 MOUNT Errigal PI	Amount of Each Disbursement this Period 2381.25
	City Lincoln State CA Zip Code 95648-	
	Purpose of Disbursement website service fee	Category/ Type
	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) ▼
		WEBSITE SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)	▶	3620.88
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>A.</p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 707 MOUNT ERRIGAL PI</p> <p>City Lincoln State CA Zip Code 95648-</p> <p>Purpose of Disbursement website maintenance</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>Transaction ID: 90710.E4896</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3100.00"/></p> <p>WEBSITE MAINTENANCE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 707 MOUNT ERRIGAL PI</p> <p>City Lincoln State CA Zip Code 95648-</p> <p>Purpose of Disbursement website service fee</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>Transaction ID: 90710.E4949</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1225.00"/></p> <p>WEBSITE SERVICE FEE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Line 1 Communications</p> <p>Mailing Address 3400 BIRCHWOOD MANOR</p> <p>City Tallahassee State FL Zip Code 32312-</p> <p>Purpose of Disbursement fax/email services</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>Transaction ID: 90414.E4831</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.44"/></p> <p>FAX/EMAIL SERVICES</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4354.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 90 / 98

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Net Power Strategies

Mailing Address 315 Kentucky Ave

City Alexandria State VA Zip Code 22305-1739

Purpose of Disbursement fundraising consulting services
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90710.E4976
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

3750.00

FUNDRAISING CONSULTING SERVICES

B.

Full Name (Last, First, Middle Initial)
SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement direct mail and telemarketing
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90414.E4825
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Amount of Each Disbursement this Period

17079.65

DIRECT MAIL AND TELEMARKETING

C.

Full Name (Last, First, Middle Initial)
SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement direct mail and telemarketing
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90710.E4892
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

Amount of Each Disbursement this Period

423.22

DIRECT MAIL AND TELEMARKETING

SUBTOTAL of Disbursements This Page (optional)

21252.87

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>A. Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address 1283 Main Street PO Box 254</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement direct mail and telemarketing</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>Transaction ID: 90710.E4940 Date of Disbursement 06 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 14382.96</p> <p>DIRECT MAIL AND TELEMARKE- TING</p>
<p>B. Full Name (Last, First, Middle Initial) Southwest Direct</p> <p>Mailing Address 2129 Andrea Lane</p> <p>City Fort Myers State FL Zip Code 33912-</p> <p>Purpose of Disbursement direct mail services</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>Transaction ID: 90710.E4878 Date of Disbursement 04 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 469.74</p> <p>DIRECT MAIL SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) Southwest Direct</p> <p>Mailing Address 2129 Andrea Lane</p> <p>City Fort Myers State FL Zip Code 33912-</p> <p>Purpose of Disbursement direct mail services</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>Transaction ID: 90710.E4951 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 707.51</p> <p>DIRECT MAIL SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15560.21

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sprint - Embarq</p> <p>Mailing Address P.O. Box 740602</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement telephone 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>Transaction ID: 90414.E4833</p> <p>Date of Disbursement 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 64.94</p> <p>TELEPHONE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sprint - Embarq</p> <p>Mailing Address P.O. Box 740602</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement telephone 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>Transaction ID: 90710.E4895</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 79.01</p> <p>TELEPHONE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sprint - Embarq</p> <p>Mailing Address P.O. Box 740602</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement telephone 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>Transaction ID: 90710.E4948</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 79.01</p> <p>TELEPHONE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

222.96

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)

PAGE 93 / 98

<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 Biltmore Hotel Mailing Address 1200 Anastasia Ave City State Zip Code Coral Gables FL 33134-6339 Purpose of Disbursement fundraising expense- event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90710.E4932 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 425.75 FUNDRAISING EXPENSE- EVENT
B.	Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 5100 S. Cleveland Avenue, #318 City State Zip Code Fort Myers FL 33907- Purpose of Disbursement Florida PO Box renewal 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: 90710.E4931 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 133.56 FLORIDA PO BOX RENEWAL
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address 1050 Connecticut Ave, NW City State Zip Code Washington DC 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: 90414.E4826 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 84.00 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

643.31

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) USPS Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036- Purpose of Disbursement PO Box renewal 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: 90710.E4879 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 66.00
			PO BOX RENEWAL
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: 90710.E4881 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 84.00
			POSTAGE
C.	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: 90710.E4935 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 88.00
			POSTAGE

SUBTOTAL of Disbursements This Page (optional)	238.00
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) Yuma Solutions, Inc. <hr/> Mailing Address 1922 Miccosukee Road <hr/> City Tallahassee State FL Zip Code 32308- <hr/> Purpose of Disbursement blackberry services Candidate Name Category/Type <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: 90414.E4835 Date of Disbursement 04 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 967.25 <hr/> BLACKBERRY SERVICES
B.	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. <hr/> Mailing Address 1922 Miccosukee Road <hr/> City Tallahassee State FL Zip Code 32308- <hr/> Purpose of Disbursement blackberry service Candidate Name Category/Type <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: 90710.E4897 Date of Disbursement 05 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 234.00 <hr/> BLACKBERRY SERVICE
C.	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. <hr/> Mailing Address 1922 Miccosukee Road <hr/> City Tallahassee State FL Zip Code 32308- <hr/> Purpose of Disbursement blackberry service Candidate Name Category/Type <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: 90710.E4950 Date of Disbursement 06 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 640.25 <hr/> BLACKBERRY SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

1841.50

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

122574.81

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Friends Of Dave Reichert

Transaction ID: 90710.E5030
Date of Disbursement

Mailing Address PO Box 53322

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	9

City Bellevue State WA Zip Code 98015-3322

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name
DAVE REICHERT

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 08

B.

Full Name (Last, First, Middle Initial)
Ken Calvert For Congress

Transaction ID: 90710.E5028
Date of Disbursement

Mailing Address PO Box 20123

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	9

City Riverside State CA Zip Code 92516-0123

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Lungren For Congress

Transaction ID: 90710.E5029
Date of Disbursement

Mailing Address PO Box 3006

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	9

City Guerneville State CA Zip Code 95446-3006

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1500.00

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90414.E4829</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement YOUNG GUNS CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90710.E4890</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90710.E4930</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Commit

Transaction ID: 90710.E4874

Date of Disbursement

Mailing Address 320 First Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
YOUNG GUNS CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Naples Womens Republican Club

Transaction ID: 90414.E4837

Date of Disbursement

Mailing Address 194 Tamiami Trail

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	9

City Naples State FL Zip Code 34102-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SCHOLARSHIP FUND

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

9000.00
