

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 01 01 2006 through 03 31 2006

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 14 2006

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

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	16455.10	725366.68
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	1100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16445.10	724266.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	78476.11	569254.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	253.07	839.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	78223.04	568414.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	315224.38	
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).....	18370.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

122646.00

503508.70

(ii) Unitemized.....

12409.10

51438.48

(iii) TOTAL of contributions

135055.10

554947.18

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

29500.00

170419.50

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

164555.10

725366.68

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.).....

253.07

839.62

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

0.00

116.40

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

164808.17

726322.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78476.11	569254.11
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.....	100.00	1100.00
(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)).....	100.00	1100.00
21. OTHER DISBURSEMENTS.....	0.00	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	78576.11	575354.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	228992.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	164808.17
25. SUBTOTAL (add Line 23 and Line 24).....	393800.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78576.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	315224.38

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 138
	<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)
Richard Ackert

Mailing Address 1226 Kasamanda

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Occupation
SouthTrust Bank banker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15022

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Daniel Adams

Mailing Address 2180 West First Street Suite 212

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
George E. Adams, Inc. realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

525.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14913

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 1351 N Highland Park Dr

City State Zip Code
Lake Wales FL 33898-7422

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

Name of Employer Occupation
Self Employed rancher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14914

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 138
	<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)
Darryl Allen

Mailing Address P.O. Box 1206

City State Zip Code
Boca Grande FL 33921

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

Name of Employer retired
Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14846

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jerome V. Ansel

Mailing Address 7626 Fenwick PI

City State Zip Code
Boca Raton FL 33496-1311

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

Name of Employer self-employed
Occupation real estate developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14916

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jan Baillargeon

Mailing Address 17170 Capri Drive

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Unemployed
Occupation unemployed

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14588

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 138
	<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)
Frederick T Barber III

Mailing Address 42 9th Street

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer
Agnoli, Barber, et al.

Occupation
exec. vice president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14917

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Warren Bateman

Mailing Address PO Box 557395

City State Zip Code
Miami FL 33255-7395

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14542

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 3033 Riviera Drive Suite 200

City State Zip Code
Naples FL 34103

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

Name of Employer
Beasley Broadcast Group, Inc.

Occupation
broadcasting

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15093

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 138
	<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)
George Beasley

Mailing Address 3033 Riviera Drive
Suite 200

City Naples State FL Zip Code 34103

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

Name of Employer Beasley Broadcast Group, Inc. Occupation broadcasting

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15092

Amount of Each Receipt this Period
100.00

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

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

Mailing Address P. O. Box 640

City Bokeelia State FL Zip Code 33922

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15094

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Marjorie Berry

Mailing Address 2903 Valencia Way

City Fort Myers State FL Zip Code 33901

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 60414.C15065

Amount of Each Receipt this Period
150.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 138
	<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)
Douglas Berthiaume

Mailing Address 18 Buttonwood Drive

City State Zip Code
Andover MA 01810

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

Name of Employer
Waters Corp.

Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15095

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 27588 Bayview Drive, S.W.

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 27 / 2006

Transaction ID: 60414.C14615

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 27588 Bayview Drive, S.W.

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer
Collier County

Occupation
teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15025

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 138
	<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)
Ervin Bickley

Mailing Address 2749 Wulfert Road

City State Zip Code
Sanibel FL 33957-2216

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14543

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Janice Blivas

Mailing Address 238 Morningside Dr

City State Zip Code
Sarasota FL 34236-1113

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14865

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Linda Boyle

Mailing Address 14411 Pine Lily Drive

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
Fink & Boyle attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14589

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 138
	<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)
Thomas J Brancheau

Mailing Address 4488 Brynwood Dr

City State Zip Code
Naples FL 34119-8413

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

Name of Employer Occupation
Pizza Hut and Taco Bell owner
Franci

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15134

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code
West Palm Beach FL 33401-4316

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14755

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code
West Palm Beach FL 33401-4316

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1100.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14919

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 8999 Street Road 80

City Moore Haven State FL Zip Code 33471

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

Name of Employer U.S. Sugar Co. Occupation executive v.p.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14920

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Andrea Lee Burson

Mailing Address 13210 Idylwild Rd

City Fort Myers State FL Zip Code 33905-5800

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

Name of Employer DAlessandro & Woodyard Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2006

Transaction ID: 60414.C14590

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mary Bush

Mailing Address P. O. Box 1546

City Hobe Sound State FL Zip Code 33475

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3150.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14921

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 138
	<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)
Samir Cabrera

Mailing Address 8951 River Palm Cout

City State Zip Code
Fort Myers FL 33919

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

Name of Employer DAlessandro & Woodyard
Occupation real estate investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15135

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Deborah M. Camelo

Mailing Address 1010 SW 48th Ter Apt 101

City State Zip Code
Cape Coral FL 33914-7341

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

Name of Employer DAlessandro & Woodyard
Occupation admin. assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 13 / 2006

Transaction ID: 60414.C14591

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Gaston Cantens

Mailing Address 11750 SW 29th St

City State Zip Code
Miami FL 33175-2413

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

Name of Employer Florida Crystals
Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14923

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **3350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 14 / 138
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Becki E Carmichael		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 1815 SW 55th Street Rd		Transaction ID: 60414.C15027	
City State Zip Code Ocala FL 34474-5933	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker homemaker	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

Full Name (Last, First, Middle Initial) B. William Carson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 936 Dove Island Road		Transaction ID: 60414.C14924	
City State Zip Code Newton NJ 07860	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Dove Island Assoc. manager	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Francis L. Carter		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006	
Mailing Address 2000 S. Bayshore Drive, #22		Transaction ID: 60414.C14870	
City State Zip Code Coconut Grove FL 33133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Akreman Senterfitt attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 5801 Tallwood Circle

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Case Companies Occupation sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15136

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Warren Cason

Mailing Address PO Box 1288

City State Zip Code
Tampa FL 33601-1288

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

Name of Employer Hollard & Knight Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14751

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Warren Cason

Mailing Address PO Box 1288

City State Zip Code
Tampa FL 33601-1288

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

Name of Employer Hollard & Knight Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14789

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 138
	<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)
Warren Cason

Mailing Address PO Box 1288

City Tampa State FL Zip Code 33601-1288

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

Name of Employer Hollard & Knight Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14834

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
Philip Catalano

Mailing Address 5307 10th Avenue Drive, W

City Bradenton State FL Zip Code 34209-4213

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

Name of Employer Philip M. Catalano, M.D., P.A. Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 190.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14632

Amount of Each Receipt this Period
20.00

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

C. Full Name (Last, First, Middle Initial)
Philip Catalano

Mailing Address 5307 10th Avenue Drive, W

City Bradenton State FL Zip Code 34209-4213

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

Name of Employer Philip M. Catalano, M.D., P.A. Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14708

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 138
	<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)
Philip Catalano

Mailing Address 5307 10th Avenue Drive, W

City State Zip Code
Bradenton FL 34209-4213

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

Name of Employer Occupation
Philip M. Catalano, M.D., P.A. physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14847

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
Charles E Chapin

Mailing Address 10 Blount Cir

City State Zip Code
Barrington RI 02806-5010

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15028

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 972 Lake House Dr

City State Zip Code
North Palm Beach FL 33408-3361

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1700.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14925

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	470.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 17212 Gulf Pine Circle

City State Zip Code
Wellington FL 33414

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

Name of Employer U.S. Sugar Co. Occupation govt relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14926

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 5698 Shaddelee Lane, W

City State Zip Code
Fort Myers FL 33919

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14835

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Karen Connery

Mailing Address PO Box 640

City State Zip Code
Bokeelia FL 33922-0640

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

Name of Employer self-employed Occupation Pshchologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15023

Amount of Each Receipt this Period
200.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 138
	<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)
Julio Conrado

Mailing Address 11460 Persimmon Ct

City State Zip Code
Fort Myers FL 33913-8120

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

Name of Employer Specialists in Healthcare, P.A.
Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14871

Amount of Each Receipt this Period
100.00

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

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

Mailing Address # 9Useppa Island

City State Zip Code
Bokeelia FL 33922

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

Name of Employer self-employed
Occupation retail

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15030

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Blane Crandall

Mailing Address 777 Wedge Drive

City State Zip Code
Naples FL 34103

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

Name of Employer Blane Crandall, M.D., LLC
Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2006

Transaction ID: 60414.C14988

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 23921 Addison Place Ct

City State Zip Code
Bonita Springs FL 34134-6902

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

Name of Employer Self Employed Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15096

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 555 Mooringline Drive

City State Zip Code
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2006

Transaction ID: 60414.C14544

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 555 Mooringline Drive

City State Zip Code
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2006

Transaction ID: 60414.C14754

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 5706 Autumn Wood Court

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Grosse Pointe

Occupation
marketing director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: 60414.C14592

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Nick Cross

Mailing Address 5706 Autumn Wood Court

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Grosse Pointe

Occupation
marketing director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 6

Transaction ID: 60414.C15067

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Phyllis A Cummins

Mailing Address 4850 Dockside Dr Apt 201

City State Zip Code
Fort Myers FL 33919-4659

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60414.C15031

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 138
	<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)
Daniel Dannenhauer

Mailing Address 3977 Woodlake Dr

City State Zip Code
Bonita Springs FL 34134-8610

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

Name of Employer
Five County Ins. Agency, Inc.

Occupation
insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15032

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 140 Intra Coastal Pointe Dr

City State Zip Code
Jupiter FL 33477

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

Name of Employer
self-employed

Occupation
merchant banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14928

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 11600 Court Of Palms Apt 203

City State Zip Code
Fort Myers FL 33908-6549

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

Name of Employer
21st Century Oncology

Occupation
administator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15034

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 23 / 138
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Sarah Deson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 329 W Mallory Cir		Transaction ID: 60414.C15137	
City State Zip Code Delray Beach FL 33483-5279	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker homemaker	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter D. Doragh		Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2006	
Mailing Address 12071 Wedge Dr		Transaction ID: 60414.C14594	
City State Zip Code Fort Myers FL 33913-8346	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed attorney	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Dossie		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 1485 E Ashland Ave		Transaction ID: 60414.C14929	
City State Zip Code Mt Zion IL 62549-1258	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation United Sugars Corp agriculture	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 138
	<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)
Edward Droste

Mailing Address 107 Hampton Road

City State Zip Code
Clearwater FL 33759

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

Name of Employer Provident Companies Occupation
president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15138

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 107 Hampton Road

City State Zip Code
Clearwater FL 33759

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

Name of Employer Provident Companies Occupation
president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 60630.C15517

Amount of Each Receipt this Period
1900.00

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

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

Mailing Address 15234 Sky High Road

City State Zip Code
Escondido CA 92025

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

Name of Employer n/a Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2006

Transaction ID: 60414.C14837

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. John Evans		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1061 Tuscany Pl		Transaction ID: 60414.C14930
City State Zip Code Winter Park FL 32789-1017	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Century	Occupation sales	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Emilia M. Fanjul		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 340 Royal Poinciana Plaza, #316		Transaction ID: 60414.C14931
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Jose Fanjul		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1 N Clematis St		Transaction ID: 60630.C15514
City State Zip Code West Palm Beach FL 33401-5550	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Flo-Sun	Occupation executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4350.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 138
	<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)
Jose Fanjul

Mailing Address 1 N Clematis St

City State Zip Code
West Palm Beach FL 33401-5550

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

Name of Employer Flo-Sun Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14984

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Lourdes Fanjul

Mailing Address 201 Garden Road

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Loumar Enterprises, Inc. Occupation c.e.o.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14932

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jose F. Fanjul Jr.

Mailing Address 201 Garden Road

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Florida Crystals Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14933

Amount of Each Receipt this Period
1100.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 27 / 138
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 319 El Vedado Rd

City State Zip Code
Palm Beach FL 33480-4735

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14934

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Luis Fernandez

Mailing Address 246 Eden Rd

City State Zip Code
Palm Beach FL 33480-3316

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

Name of Employer Occupation
Florida Crystals Corporation executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14935

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 1055 Wyomi Drive

City State Zip Code
Fort Myers FL 33919

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

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

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 13 / 2006

Transaction ID: 60414.C14595

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 138
	<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)
Michael G. Fink

Mailing Address 1055 Wyomi Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Fink & Boyle, P.A.

Occupation
attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: 60414.C14596

Amount of Each Receipt this Period
900.00

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

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

Mailing Address 2000 Royal Marco Way Ph I Penthouse I

City State Zip Code
Marco Island FL 34145-1800

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60414.C14545

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1900 Gulf Shore Blvd N Apt 506

City State Zip Code
Naples FL 34102-4604

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: 60414.C15098

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 542 11th Ave S

City State Zip Code
Naples FL 34102-7134

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14758

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Henry Frantzen

Mailing Address 669 Gulf Shore Blvd. N

City State Zip Code
Naples FL 34102-5552

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

Name of Employer retired Occupation n/a

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14874

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Donald Friday

Mailing Address 3924 Wilshire Ct

City State Zip Code
Sarasota FL 34238-2571

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

202.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14561

Amount of Each Receipt this Period
51.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **251.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 3924 Wilshire Ct

City State Zip Code
Sarasota FL 34238-2571

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 227.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14797

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 3924 Wilshire Ct

City State Zip Code
Sarasota FL 34238-2571

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14875

Amount of Each Receipt this Period
25.00

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

C. Full Name (Last, First, Middle Initial)
Harold S Fried

Mailing Address 329 Mallory Circle

City State Zip Code
Delray Beach FL 33483

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

Name of Employer Self Employed Occupation attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15139

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 138
	<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)
Susan Galbraith

Mailing Address 12239 Championship Circle

City State Zip Code
Fort Myers FL 33913

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

Name of Employer DAlessandro & Woodyard
Occupation chief operating officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 60414.C14597

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Lori Garofalo

Mailing Address 170 Bears Club Dr

City State Zip Code
Jupiter FL 33477-4203

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

Name of Employer n/a
Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60414.C14936

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 170 Bears Club Dr

City State Zip Code
Jupiter FL 33477-4203

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

Name of Employer Sag Hobe Sound LLC
Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60414.C14937

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 138
	<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)
John Garton

Mailing Address 7730 Silver Bell Drive

City State Zip Code
Sarasota FL 34241

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

Name of Employer retired Occupation oncologist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14709

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Rosanne Gauthier

Mailing Address 1020 Wilshire Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer DAlessandro & Woodyard Occupation President of Lending

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14598

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 210 Southampton Lane

City State Zip Code
Venice FL 34293

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14710

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 138
	<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)
Raymond L George Jr

Mailing Address 19 Osborne Rd

City State Zip Code
Garden City NY 11530-3017

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

Name of Employer Occupation
Merrill Lynch managing director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15036

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dennis Gilkey

Mailing Address 27850 Riverwalk Way

City State Zip Code
Bonita Springs FL 34134-1675

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

Name of Employer Occupation
The Bonita Bay Group President/ CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14876

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Dennis Gilkey

Mailing Address 27850 Riverwalk Way

City State Zip Code
Bonita Springs FL 34134-1675

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

Name of Employer Occupation
The Bonita Bay Group President/ CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15140

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 138 (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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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)
Jane L. Goble

Mailing Address 64581 Scott Lane

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Occupation
SunTrust Bank Loan Specialist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	6

Transaction ID: 60414.C14599

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Morton Goldberg

Mailing Address 4100 Steamboat Bend East Suite 401

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Occupation
Self Employed consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	6

Transaction ID: 60414.C14585

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence Gorfine

Mailing Address 135 Bloomfield Dr

City State Zip Code
West Palm Beach FL 33405-4101

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

Name of Employer Occupation
self-employed physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	6

Transaction ID: 60414.C14938

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 138
	<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)
Albert L. Griffith

Mailing Address 3425 SW 3rd St

City State Zip Code
Cape Coral FL 33991-1022

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2006

Transaction ID: 60414.C14998

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
Harold C Hanson

Mailing Address 24070 Copperleaf Blvd

City State Zip Code
Bonita Springs FL 34135-8169

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

Name of Employer Occupation
n/a Lawyer - retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14617

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Martin Harrity

Mailing Address 1263 Isabel Dr

City State Zip Code
Sanibel FL 33957-3509

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

Name of Employer Occupation
Doc Funds restauranteur

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14639

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
William N. Harwin

Mailing Address 4820 Griffin Blvd.

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
Florida Cancer Specialists physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14638

Amount of Each Receipt this Period
250.00

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

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

Mailing Address P. O. Box 1256

City State Zip Code
Cincinnati OH 45201

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

Name of Employer Occupation
retired retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14942

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mary Ellen Herman

Mailing Address 16100 Bay Pointe Blvd Apt E502

City State Zip Code
Fort Myers FL 33917-3883

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

Name of Employer Occupation
DAlessandro & Woodyard executive assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14600

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 37 / 138
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Oscar R. Hernandez

Mailing Address 340 Brazilian Avenue, #203

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Florida Crystals Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14943

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Oscar R. Hernandez

Mailing Address 340 Brazilian Avenue, #203

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Florida Crystals Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14944

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 5500 Flaghole Road

City State Zip Code
Clewiston FL 33440

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

Name of Employer Hilliard Brothers Occupation cane manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14945

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 138
	<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)
Joe Hilliard

Mailing Address 5600 W US Highway 27

City State Zip Code
Clewiston FL 33440-7505

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

Name of Employer Hilliard Brothers Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14947

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joe Marlin Hilliard

Mailing Address 5500 Flaghole Road

City State Zip Code
Clewiston FL 33440

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

Name of Employer Hilliard Brothers Occupation agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14946

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Cliff Hinkle

Mailing Address PO Box 223

City State Zip Code
Tallahassee FL 32302-0223

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

Name of Employer Flagler Holdings Inc Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14949

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 138
	<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)
Stacey Hughes

Mailing Address 2330 14th St N Apt 107

City Arlington State VA Zip Code 22201-5863

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14882

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Wayne Huizenga

Mailing Address 450 E. Las Olas Blvd., #1500

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Huizenga Holdings, Inc. Occupation investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14950

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1657 Menlo Rd

City Fort Myers State FL Zip Code 33901-4921

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

Name of Employer City of Fort Myers Occupation Manager - Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15039

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 138
	<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)
Jim Humphrey

Mailing Address 2200 Second Street
4th Floor

City State Zip Code
Fort Myers FL 33901

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

Name of Employer City of Ft. Myers Occupation mayor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15071

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Bernard Johnson

Mailing Address PO Box 7

City State Zip Code
Matlacha FL 33993-0007

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

Name of Employer Self Employed Occupation investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14951

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Jon Johnson

Mailing Address PO Box 10805

City State Zip Code
Tallahassee FL 32302-2805

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

Name of Employer self-employed Occupation govt. consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14952

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 138
	<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)
Lavonne Johnson

Mailing Address 361 Polynesia Court

City State Zip Code
Marco Island FL 34145

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15105

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 241 Mockingbird Trl

City State Zip Code
Palm Beach FL 33480-3117

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

Name of Employer Occupation
Flagler Realty & Dev developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14953

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1269 Biltmore Drive

City State Zip Code
Fort Myers FL 33901-8707

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

Name of Employer Occupation
Severn Trent Services, Inc. engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14601

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 138
	<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)
Jacqueline Kay

Mailing Address 1550 Werner Dr

City Alva State FL Zip Code 33920-3545

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14640

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Loyd Patrick Kelly

Mailing Address 2200 N Greenway Dr

City Coral Gables State FL Zip Code 33134-4720

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

Name of Employer Kelly Tractor Co. Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14954

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Loyd Patrick Kelly

Mailing Address 2200 N Greenway Dr

City Coral Gables State FL Zip Code 33134-4720

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

Name of Employer Kelly Tractor Co. Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14955

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 138
	<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)
Sharon Kenny

Mailing Address 411 17th Avenue, S

City State Zip Code
Naples FL 34102

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

Name of Employer self-employed Occupation
writer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14956

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Glynn Key

Mailing Address 3241 Highway 164

City State Zip Code
Mc David FL 32568-2200

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

Name of Employer retired Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14734

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 420 Widgeon Pointe

City State Zip Code
Naples FL 34105

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

Name of Employer Cohen & Grigsby Occupation
attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15041

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 1006 Gardenia Drive

City State Zip Code
Tallahassee FL 32312-3004

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

Name of Employer Occupation
Orange Stake Construction Homebuilder

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2006

Transaction ID: 60414.C15002

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Paul Lazeau

Mailing Address 4197 69th Ln N

City State Zip Code
West Palm Beach FL 33404-5849

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

Name of Employer Occupation
Investments Guild, Inc. real estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14883

Amount of Each Receipt this Period
200.00

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

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

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

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14643

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 138
(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)
Gerald S. Leshar

Mailing Address 1555 Palm Beach Lakes Blvd., #1510

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 60414.C14546

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Colleen M. Ligibel

Mailing Address PO Box 640
Useppa Island - Bamboo Cottage

City State Zip Code
Bokeelia FL 33922-0640

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 60414.C15107

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Karen H. Long

Mailing Address 2443 S.W. Pine Island Road

City State Zip Code
Cape Coral FL 33991

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

Name of Employer
JRL Enterprises

Occupation
director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60414.C15043

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 2443 SW Pine Island Road

City State Zip Code
Cape Coral FL 33991

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

Name of Employer Occupation
Marine Concepts owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15073

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Brian Lucas

Mailing Address 13130 Ponderosa Way

City State Zip Code
Fort Myers FL 33907-7820

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

Name of Employer Occupation
The Bonita Bay Group executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15156

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 13141 Ponderosa Way

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Occupation
The Bonita Bay Group chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15141

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 47 / 138
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Florence S Macdonald		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 3663 Cambridge Drive, S.E.		Transaction ID: 60414.C15142	
City State Zip Code Stuart FL 34997	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Connie Mack		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address P. O. Box 3729		Transaction ID: 60414.C15108	
City State Zip Code Placida FL 33946	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer King & Spalding LLP	Occupation consultant	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) C. Chuck Malkus		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 900 River Reach Dr Ste 201 Suite 201		Transaction ID: 60414.C15074	
City State Zip Code Fort Lauderdale FL 33315-1100	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Malkus Communication Group	Occupation ceo	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 600.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 138
	<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)
Roman Martinez IV

Mailing Address 248 Tradewind Dr

City State Zip Code
Palm Beach FL 33480-3331

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

Name of Employer self-employed Occupation private investor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14959

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Marjorie Matheson

Mailing Address 430 S Beach Rd

City State Zip Code
Hobe Sound FL 33455-2702

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14887

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Henry N. 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 n/a Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14767

Amount of Each Receipt this Period
200.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address P. O. Box 640

City State Zip Code
Bokeelia FL 33922

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

Name of Employer self-employed Occupation
real estate appraiser

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15044

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 20226 Country Club Drive

City State Zip Code
Estero FL 33928

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

Name of Employer Florida Gulf Coast University Occupation
president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14961

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 20226 Country Club Drive

City State Zip Code
Estero FL 33928

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

Name of Employer Florida Gulf Coast University Occupation
president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15046

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Gerald J. Messonnier

Mailing Address 1976 Essex Cir

City State Zip Code
Naples FL 34109-1431

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

Name of Employer
CBRE

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2006

Transaction ID: 60414.C14680

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Ella Warren Miller

Mailing Address 115 Maple Hill Rd

City State Zip Code
Gladwyne PA 19035-1305

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

Name of Employer
n/a

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15109

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 240 Jungle Rd

City State Zip Code
Palm Beach FL 33480-4812

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14962

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 138
	<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)
Michael J. Miller

Mailing Address 375 Sylvan Dr

City State Zip Code
Winter Park FL 32789-4051

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

Name of Employer
Self Employed

Occupation
consulting

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: 60414.C14602

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 25 2nd Street N., #400

City State Zip Code
St. Petersburg FL 33701

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

Name of Employer
University Housing Services

Occupation
president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60414.C15047

Amount of Each Receipt this Period
200.00

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

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

Mailing Address PO Box 10702

City State Zip Code
Naples FL 34101

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

Name of Employer
self-employed

Occupation
attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 60414.C14735

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 138 (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

Full Name (Last, First, Middle Initial) A. Domingo Moreira Mailing Address 7231 S.W. 63rd Avenue #200 <hr/> City State Zip Code Miami FL 33143 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 <hr/> Transaction ID: 60414.C14681 <hr/> Amount of Each Receipt this Period 500.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ladex, LLC investments <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Elizabeth A. Munz Mailing Address PO Box 825 <hr/> City State Zip Code Bokeelia FL 33922-0825 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 <hr/> Transaction ID: 60414.C15110 <hr/> Amount of Each Receipt this Period 250.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation retired retired <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Elis Naegele Mailing Address 7993 Via Vecchia <hr/> City State Zip Code Naples FL 34108 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 <hr/> Transaction ID: 60414.C14548 <hr/> Amount of Each Receipt this Period 100.00 <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Information Requested Information Requested <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Gerald Nichols

Mailing Address 4548 Mundy Dr

City Jacksonville State FL Zip Code 32207-7520

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14889

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Julie Nichols

Mailing Address P. O. Box 3812

City Placida State FL Zip Code 33946

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15111

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1902 Atlantic Avenue

City Fernandina Beach State FL Zip Code 32034

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15112

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 138
	<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)
Mark Packer

Mailing Address 2763 Calais Dr

City State Zip Code
Palm Beach Gardens FL 33410-1293

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

Name of Employer Occupation
Al Packer Ford car dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15144

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Leonard Pavelka

Mailing Address P. O. Box 1019

City State Zip Code
Jacksonville FL 32201

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

Name of Employer Occupation
J. H. Churchwell Co. president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14549

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Fred Perry

Mailing Address 1298 Par View Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

450.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14892

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 13460 Redmaples Circle

City State Zip Code
North Fort Myers FL 33903

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

Name of Employer
All State Certified Appraisers
Occupation
property appraiser

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60414.C14587

Amount of Each Receipt this Period
250.00

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

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

Mailing Address PO Box 941539

City State Zip Code
Maitland FL 32794-1539

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

Name of Employer
self-employed
Occupation
investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: 60414.C14653

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Geoffrey Radler

Mailing Address 266 Jefferson Parkway

City State Zip Code
Fort Worth TX 76107-1897

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

Name of Employer
Jetta Production Co.
Occupation
petroleum production

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: 60414.C14894

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 138
	<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)
Douglas Rankin

Mailing Address 2335 Tamiami Trail, N Suite 308

City Naples State FL Zip Code 34103

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

Name of Employer Self Employed Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15116

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 730 Birdie View Point

City Sanibel State FL Zip Code 33957-4625

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

Name of Employer Self Employed Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14963

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 730 Birdie View Point

City Sanibel State FL Zip Code 33957-4625

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

Name of Employer Self Employed Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14964

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 730 Birdie View Point

City State Zip Code
Sanibel FL 33957-4625

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

Name of Employer
Self Employed

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15081

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 20 Mountain Orchard Path

City State Zip Code
Signal Mountain TN 37377

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

Name of Employer
CBL & Associates Propert-
es

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
180.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 27 / 2006

Transaction ID: 60414.C14619

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 20 Mountain Orchard Path

City State Zip Code
Signal Mountain TN 37377

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

Name of Employer
CBL & Associates Propert-
es

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 27 / 2006

Transaction ID: 60414.C14896

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 138
	<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

Full Name (Last, First, Middle Initial) A. David Rattner		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006	
Mailing Address 20 Mountain Orchard Path		Transaction ID: 60414.C14986	
City State Zip Code Signal Mountain TN 37377		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CBL & Associates Properties	Occupation real estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Alberto Recio		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 400 N. Flagler Drive, #2002		Transaction ID: 60414.C14965	
City State Zip Code West Palm Beach FL 33401		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Flo-Sun	Occupation agriculture		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. Nathaniel Reed		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006	
Mailing Address PO Box 1213		Transaction ID: 60414.C14818	
City State Zip Code Hobe Sound FL 33475-1213		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired	Occupation retired		
Receipt For: 2006 <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) ▶	2620.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 138
	<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)
Jewel Rogers

Mailing Address 3340 Kilmer Dr

City State Zip Code
Lakeland FL 33803-4222

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2006

Transaction ID: 60414.C15008

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1081 Spanish Moss Trl

City State Zip Code
Naples FL 34108-2415

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

Name of Employer Occupation
Miromar Development developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 13 / 2006

Transaction ID: 60414.C14603

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 80 Bay Colony Lane

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer Occupation
self-employed investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60630.C15512

Amount of Each Receipt this Period
900.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 138 (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) John Roschman Mailing Address 80 Bay Colony Lane City State Zip Code Fort Lauderdale FL 33308 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 Transaction ID: 60414.C15145 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self-employed Occupation investor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Marshall Rose Mailing Address P.O. Box 255268 City State Zip Code Sacramento CA 95865 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2006 Transaction ID: 60414.C14655 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self-employed Occupation computer consultant Receipt For: 2006 <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) Marshall Rose Mailing Address P.O. Box 255268 City State Zip Code Sacramento CA 95865 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006 Transaction ID: 60414.C14685 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self-employed Occupation computer consultant Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 138
	<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)
Michael Rose

Mailing Address 6305 Humphreys Blvd., #110

City State Zip Code
Memphis TN 38120

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

Name of Employer
Self Employed

Occupation
private investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14686

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kevin Rosenthal

Mailing Address 18201 Huckleberry Road

City State Zip Code
Fort Myers FL 33912

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

Name of Employer
DAlessandro & Woodyard

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14620

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Kevin Rosenthal

Mailing Address 18201 Huckleberry Road

City State Zip Code
Fort Myers FL 33912

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

Name of Employer
DAlessandro & Woodyard

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15146

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 138
	<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)
John Ross

Mailing Address 255 Silverado Drive

City State Zip Code
Naples FL 34119-4618

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

Name of Employer self-employed Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 60414.C14621

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Wilber L Ross, Jr

Mailing Address 328 El Vedoado Rd

City State Zip Code
Palm Beach FL 33480-4736

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

Name of Employer W L Ross & Co LLC Occupation chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60414.C14967

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 4601 Gulf Shore Blvd N Apt 12
Apt. 12

City State Zip Code
Naples FL 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

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

Transaction ID: 60414.C14775

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 138
	<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)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N Apt 12
Apt. 12

City State Zip Code
Naples FL 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

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

Transaction ID: 60414.C14774

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 5894 Michaux St

City State Zip Code
Boca Raton FL 33433-7276

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

Name of Employer retired Occupation attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 60414.C14776

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
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 Self Employed Occupation physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: 60414.C14604

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 138
	<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)
Ian Schmoyer

Mailing Address 1031 Edgemere Dr
Edgemere Dr

City State Zip Code
Fort Myers FL 33919-2607

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

Name of Employer Occupation
CC Turner, Inc. developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15149

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1372 Osceola Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Miromar Development developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14605

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jerry H. Schmoyer

Mailing Address 1372 Osceola Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Miromar Development developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15148

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 700 Admiralty Parade

City State Zip Code
Naples FL 34102-7805

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

Name of Employer Health Management Assoc. Occupation chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2006

Transaction ID: 60414.C15009

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Amanda E Schumacher

Mailing Address 1977 Portgage Landing So

City State Zip Code
North Palm Beach FL 33408-3428

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14968

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 8058 Glendale Road

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Credit Suisse First Boston LLC Occupation managing director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15118

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 138
	<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)
Joseph L. Seidel

Mailing Address 8058 Glendale Road

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer
Credit Suisse First Boston LLC

Occupation
managing director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15117

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
James M Seneff, Jr

Mailing Address PO Box 4920

City State Zip Code
Orlando FL 32802-4920

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

Name of Employer
CNL Finance Group

Occupation
Proprietor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14970

Amount of Each Receipt this Period
1000.00

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

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

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14822

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 3443 Rum Row

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14842

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 621 Carisbrooke Rd

City State Zip Code
Bryn Mawr PA 19010-3621

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

Name of Employer Occupation
n/a retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14900

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Edwin Shinholser

Mailing Address 2751 Regency Oak Blvd., #M101

City State Zip Code
Clearwater FL 33759

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 60414.C15082

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 138
	<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)
Michael J. Simon

Mailing Address 2669 Crystal Beach Road

City State Zip Code
Winter Haven FL 33880

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

Name of Employer Occupation
Anesthesia Asso anesthesiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14971

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Mark Smith

Mailing Address 1326 Bayliss Drive

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
King & Spalding LLP govt. relations advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14687

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Roberta Smith

Mailing Address 500 Australian Avenue Dock

City State Zip Code
Palm Beach FL 33480-4552

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

Name of Employer Occupation
n/a retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15053

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 138
	<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)
Wayne O Smith

Mailing Address 1385 Wood Duck Trl

City State Zip Code
Naples FL 34108-3317

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15150

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bill T Smith Jr

Mailing Address 980 N Federal Hwy Ste 402

City State Zip Code
Boca Raton FL 33432-2712

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

Name of Employer Self Employed Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14972

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Samuel H Smith, Jr.

Mailing Address PO Box 640

City State Zip Code
Bokeelia FL 33922-0640

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15052

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 138
	<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)
Edmund P. Soriero

Mailing Address 246 6th St

City State Zip Code
Bonita Springs FL 34134-7414

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

Name of Employer Occupation
Marble Works president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15119

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Roy D. Spezzano

Mailing Address 466 Stanwich Rd

City State Zip Code
Greenwich CT 06831-3149

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

Name of Employer Occupation
n/a retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15151

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Gus Stavros

Mailing Address 1 Beach Drive, S.E., #2503

City State Zip Code
Saint Petersburg FL 33701

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

Name of Employer Occupation
retired retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2006

Transaction ID: 60414.C14858

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 138
	<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)
Edward Steinberg

Mailing Address 100 Sunrise Ave Apt 311

City State Zip Code
Palm Beach FL 33480-3939

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60414.C14658

Amount of Each Receipt this Period
100.00

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

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

Mailing Address PO Box 640

City State Zip Code
Bokeelia FL 33922-0640

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60414.C15120

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Nick T Stewart

Mailing Address PO Box 4332

City State Zip Code
Fort Pierce FL 34948-4332

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

Name of Employer Steward Mining Industries Occupation business executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60414.C14976

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 138
	<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)
Louis Stinson

Mailing Address 3860 Stewart Avenue

City Miami State FL Zip Code 33133-6735

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

Name of Employer Self Employed Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2006

Transaction ID: 60414.C15010

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1200 Kasamada Drive

City Fort Myers State FL Zip Code 33919

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

Name of Employer First Home Builders of Florida Occupation construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14606

Amount of Each Receipt this Period
1850.00

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

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

Mailing Address 1200 Kasamada Drive

City Fort Myers State FL Zip Code 33919

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

Name of Employer First Home Builders of Florida Occupation construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14607

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 138
	<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)
Chris T. Sullivan

Mailing Address 96 Martinique Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Outback Steakhouse, Inc. Occupation chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2006

Transaction ID: 60414.C15121

Amount of Each Receipt this Period
 1900.00

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

B. Full Name (Last, First, Middle Initial)
Chris T. Sullivan

Mailing Address 96 Martinique Avenue

City Tampa State FL Zip Code 33606

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

Name of Employer Outback Steakhouse, Inc. Occupation chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2006

Transaction ID: 60414.C15122

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 2590 Half Moon Walk

City Naples State FL Zip Code 34102

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2006

Transaction ID: 60414.C15084

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 138
	<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

Full Name (Last, First, Middle Initial) A. Rebecca Sweatt		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 9140 Point Cypress Drive		Transaction ID: 60414.C14901	
City State Zip Code Orlando FL 32836		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation accountant			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Patricia Swindle		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address 137 Clarke Ave		Transaction ID: 60414.C15123	
City State Zip Code Palm Beach FL 33480-6122		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker Occupation homemaker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Stanley Tate		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 1175 N.E. 125th Street, #102		Transaction ID: 60414.C14541	
City State Zip Code Miami FL 33161		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self-employed Occupation developer			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 138
	<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)
Jim Thies

Mailing Address 2309 NE 8th St

City State Zip Code
Fort Lauderdale FL 33304-3507

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

Name of Employer
Self Employed

Occupation
investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14843

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Sara Thompson

Mailing Address 319 Inman Street

City State Zip Code
Lehigh Acres FL 33972

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14743

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
George Tilghman

Mailing Address 4 Bassett Creek Tr., N.

City State Zip Code
Hobe Sound FL 33455

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

Name of Employer
n/a

Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60414.C14553

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 138
	<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)
Bradford Tingle

Mailing Address 41234 Spring Hill Road

City Leetonia State OH Zip Code 44431

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60414.C14704

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Bradford Tingle

Mailing Address 41234 Spring Hill Road

City Leetonia State OH Zip Code 44431

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60414.C14904

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 15291 Broken J Ranch Road

City Fort Myers State FL Zip Code 33905

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60414.C14744

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 138
	<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)
Jerry Tuccio

Mailing Address P. O. Box 110399

City State Zip Code
Naples FL 34108

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

Name of Employer retired
Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14745

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 17651 Cypress Creek Road

City State Zip Code
Alva FL 33920

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

Name of Employer Radiology Regional Center
Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60414.C15055

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Tod Turner

Mailing Address 1809 Lagoon Ln

City State Zip Code
Cape Coral FL 33914-2510

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

Name of Employer CC Turner, Inc.
Occupation developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60414.C15152

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Donald R. Turner, Jr

Mailing Address 21237 Waymouth Run

City State Zip Code
Estero FL 33928-3244

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

Name of Employer DAlessandro & Woodyard
Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14608

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Leo Vecellio

Mailing Address 210 Via Del Mar

City State Zip Code
Palm Beach FL 33480-4822

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

Name of Employer Vecellio Contracting Corp.
Occupation contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14905

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 5654 Pine Forest Rd

City State Zip Code
Houston TX 77056-1208

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

Name of Employer Thompson & Knight LLP
Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: 60414.C14978

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 138
	<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)
Augusto Villalon

Mailing Address 3859 Cruz Drive

City State Zip Code
Saint James City FL 33956

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

Name of Employer self-employed Occupation
self-employed engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

100.00

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

Transaction ID: 60414.C14719

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Augusto Villalon

Mailing Address 3859 Cruz Drive

City State Zip Code
Saint James City FL 33956

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

Name of Employer self-employed Occupation
self-employed engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60414.C15057

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lou Vlasho

Mailing Address 700 Fifth Avenue, South

City State Zip Code
Naples FL 34102

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

Name of Employer Rimaco Co. Occupation
vice-president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

3900.00

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

Transaction ID: 60414.C15154

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 138
	<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)
Lou Vlasho

Mailing Address 700 Fifth Avenue, South

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Rimaco Co. vice-president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15153

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Jennifer M Wade

Mailing Address 209 Ridgewood Ave

City State Zip Code
Clewiston FL 33440-5112

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

Name of Employer Occupation
U.S. Sugar Corporation executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14979

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jay Wagner

Mailing Address 932 Augusta Blvd

City State Zip Code
Naples FL 34113-7564

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

Name of Employer Occupation
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15060

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 138
	<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)
Jeffrey Walter

Mailing Address 2207 Belle Haven Rd

City State Zip Code
Alexandria VA 22307-1119

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

Name of Employer Occupation
Jekins Hill Group LLC lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2006

Transaction ID: 60414.C15012

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles Walton

Mailing Address 7241 Orchid Island Pl

City State Zip Code
Bradenton FL 34202-2438

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

Name of Employer Occupation
Wastequip, Inc. executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: 60414.C14860

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
George Weaver

Mailing Address 5300 N. Federal Hwy.

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer Occupation
Rauch, Weaver et al realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60414.C14689

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 138
	<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)
Ronald Weaver

Mailing Address 913 Robalo Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Barney Schmitt Weaver et al

Occupation
architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15086

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Vin Weber

Mailing Address 601 13th Street, N.W., #4105

City State Zip Code
Washington DC 20005

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

Name of Employer
Vin Weber

Occupation
consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2006

Transaction ID: 60414.C14861

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Allen Weiss

Mailing Address 1221 Gulf Shore Blvd. N

City State Zip Code
Naples FL 34102

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

Name of Employer
NCH Healthcare System

Occupation
hospital administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2006

Transaction ID: 60414.C14829

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 138
	<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)
Phyllis R. Wells

Mailing Address P. O. Box 200

City Pineland State FL Zip Code 33945

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

Name of Employer Cabbage Key Inc. Occupation resort owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15061

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Steven R. West

Mailing Address 15636 Fiddlesticks Blvd

City Fort Myers State FL Zip Code 33912-3901

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

Name of Employer Cardiology Consultants of SW F Occupation Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2006

Transaction ID: 60414.C14609

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Randy White

Mailing Address PO Box 486

City Pineland State FL Zip Code 33945

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

Name of Employer Self Employed Occupation Author

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15062

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 138
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Lelan F Whitmire, MD

Mailing Address 34 N Saint Augustine Blvd

City State Zip Code
Saint Augustine FL 32080-3753

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

Name of Employer self-employed Occupation doctor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2006

Transaction ID: 60414.C15013

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Wayne Wiles

Mailing Address 7851 Supply Drive

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Wayne Wiles Floorcoverings Occupation floor coverings

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2006

Transaction ID: 60414.C15015

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Charlotte Wilke

Mailing Address PO Box 61134

City State Zip Code
Fort Myers FL 33906-1134

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

Name of Employer Lee County Medical Society Occupation executive

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14983

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 321 Sunset Dr

City State Zip Code
Fort Lauderdale FL 33301-2656

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

Name of Employer B.C.T. Occupation
chief operating officer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14667

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 321 Sunset Dr

City State Zip Code
Fort Lauderdale FL 33301-2656

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

Name of Employer B.C.T. Occupation
chief operating officer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60414.C14907

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 118 Gomez Road

City State Zip Code
Hobe Sound FL 33455-2423

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

Name of Employer retired Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2006

Transaction ID: 60414.C14668

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 138
	<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)
Don E. Williamson

Mailing Address 2037 SE 28th St

City State Zip Code
Cape Coral FL 33904-3284

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

Name of Employer Occupation
Williamson Eye Center optometrist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60414.C15124

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 7800 University Pointe Dr # 100

City State Zip Code
Fort Myers FL 33907-5724

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

Name of Employer Occupation
DAlessandro & Woodyard real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60414.C14610

Amount of Each Receipt this Period
350.00

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

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

Mailing Address 7800 University Pointe Dr # 100

City State Zip Code
Fort Myers FL 33907-5724

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

Name of Employer Occupation
DAlessandro & Woodyard real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 60630.C15511

Amount of Each Receipt this Period
650.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Thomas E. Woodyard

Mailing Address 7800 University Pointe Dr # 100

City State Zip Code
Fort Myers FL 33907-5724

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

Name of Employer DAlessandro & Woodyard Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

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

Transaction ID: 60414.C14830

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 777 NW 72nd Ave

City State Zip Code
Miami FL 33126-3004

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

Name of Employer South Florida Hotel Inc. Occupation president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 60414.C15016

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Jovan Zepcevski

Mailing Address 7802 Jean Blvd.

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Zep Construction, Inc. Occupation Bridge Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: 60414.C14611

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 138
(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 Zimmerman

Mailing Address 1708 Venezia Way

City	State	Zip Code
Naples	FL	34105

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

Name of Employer
retired

Occupation
retired

Receipt For: 2006

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15088

Amount of Each Receipt this Period
250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	122646.00

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

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

FOR LINE NUMBER: PAGE 89 / 138
(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)
AGC Political Action Committee

Mailing Address 333 John Carlyle St Ste 200

City State Zip Code
Alexandria VA 22314-5770

FEC ID number of contributing federal political committee. **C** C00382382

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: 60414.C15127

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Amer. Society of Anesthesiologists PAC

Mailing Address 520 N Northwest Hwy

City State Zip Code
Park Ridge IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2006

Transaction ID: 60414.C14909

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Medical Assoc. PAC

Mailing Address 1101 Vermont Ave., N.W.
12th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: 60414.C15126

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 138
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. American Optometric Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1505 Prince St Ste 300

City Alexandria	State VA	Zip Code 22314-2874
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer	Occupation
------------------	------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15102

Amount of Each Receipt this Period
1500.00

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

B. American Waterways Operators PAC

Full Name (Last, First, Middle Initial)
Mailing Address 801 N Quincy St Ste 200

City Arlington	State VA	Zip Code 22203-1708
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer	Occupation
------------------	------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 60414.C15019

Amount of Each Receipt this Period
1000.00

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

C. BellSouth Employees Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address 150 S. Monroe Street, #400

City Tallahassee	State FL	Zip Code 32301
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C** C00174060

Name of Employer	Occupation
------------------	------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15128

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
CDM National PAC

Mailing Address 14420 Albemarle Point PI Ste 210

City Chantilly State VA Zip Code 20151-1750

FEC ID number of contributing federal political committee. **C** C00398222

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: 60414.C14910

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Comercia Inc. PAC

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00393173

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2006

Transaction ID: 60414.C14985

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 575 7th St NW

City Washington State DC Zip Code 20004-1607

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60414.C15063

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 92 / 138
(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. Dealers Elec. Act. Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Westpark Drive
 City State Zip Code
 McLean VA 22102
 FEC ID number of contributing federal political committee. **C** C00040998
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006
Transaction ID: 60414.C15129
 Amount of Each Receipt this Period
 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Farm Credit PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 F St NW Ste 900
 City State Zip Code
 Washington DC 20001-1530
 FEC ID number of contributing federal political committee. **C** C00193631
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2006
Transaction ID: 60414.C14911
 Amount of Each Receipt this Period
 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. FI Assn of Mortgage Brokers FAMB Fed PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1292 Cedar Center Dr
 City State Zip Code
 Tallahassee FL 32301-4876
 FEC ID number of contributing federal political committee. **C** C00293498
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006
Transaction ID: 60414.C15130
 Amount of Each Receipt this Period
 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 93 / 138
(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)
Freshman PAC
Mailing Address PO Box 40706
City State Zip Code
Washington DC 20016
FEC ID number of contributing federal political committee. **C** C00383901
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006
Transaction ID: 60414.C15131
Amount of Each Receipt this Period
2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Holland & Knight CCE
Mailing Address 315 S. Calhoun Street, #600
City State Zip Code
Tallahassee FL 32301
FEC ID number of contributing federal political committee. **C** C00171330
Name of Employer Occupation
n/a political committee
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006
Transaction ID: 60414.C15020
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC
Mailing Address 1 Thomas Cir NW Ste 400
City State Zip Code
Washington DC 20005-5802
FEC ID number of contributing federal political committee. **C** C00032698
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006
Transaction ID: 60414.C15132
Amount of Each Receipt this Period
1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 138
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
JM Family Enterprises, Inc. PAC

Mailing Address 111 Jim Moran Blvd.

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15103

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
JM Family Enterprises, Inc. PAC

Mailing Address 111 Jim Moran Blvd.

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60414.C15104

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NFIC Safe Trust PAC

Mailing Address 1201 F St NW Ste 200

City State Zip Code
Washington DC 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60414.C15155

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 95 / 138
(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)
Recording Industry Assn of America PAC

Mailing Address 1330 Connecticut Ave NW Ste 300

City State Zip Code
Washington DC 20036-1725

FEC ID number of contributing federal political committee. **C** C00009357

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: 60414.C15133

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Time Warner Telecom Inc.

Mailing Address 10475 Park Meadows Dr

City State Zip Code
Littleton CO 80124-5433

FEC ID number of contributing federal political committee. **C** C00355941

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 04 / 2006

Transaction ID: 60414.C14670

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 316 Pennsylvania Avenue, SE Suite 300

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 17 / 2006

Transaction ID: 60414.C15021

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 96 / 138	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 1200 W. 49th Street

City State Zip Code
Hialeah FL 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	6

Transaction ID: 60414.C14912

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	29500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 97 / 138	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" 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)
FedEx Express

Mailing Address PO Box 727

City State Zip Code
Memphis TN 38194-0001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	6

Transaction ID: 60414.C14612

Amount of Each Receipt this Period
253.07

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

SUBTOTAL of Receipts This Page (optional)	▶	253.07
TOTAL This Period (last page this line number only)	▶	253.07

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Collier County REC		Transaction ID: 60414.E2701 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 750.00	
City Naples State FL Zip Code 34101-	Purpose of Disbursement EVENT TICKETS - VP RECEPTION Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT TICKETS - VP RECEP-TION	
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) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Farmers Market Restaurant		Transaction ID: 60414.E2734 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6	
Mailing Address 2736 Edison Ave		Amount of Each Disbursement this Period 280.00	
City Fort Myers State FL Zip Code 33916-5306	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Florida Power & Light		Transaction ID: 60712.E2874 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address General Mail Facility		Amount of Each Disbursement this Period 1197.22	
City Miami State FL Zip Code 33188-	Purpose of Disbursement TRANSPORTATION FROM DC TO FL Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRANSPORTATION FROM DC TO FL	
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) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2227.22
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Arthur J. Finkelstein & Assoc.		Transaction ID: 60414.E2641 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 710.81	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement TRAVEL AND LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL AND LODGING	

Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc.		Transaction ID: 60414.E2640 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING FEE	

Full Name (Last, First, Middle Initial) C. Arthur J. Finkelstein & Assoc.		Transaction ID: 60414.E2662 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 3309.42	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement TRAVEL & LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL & LODGING	

SUBTOTAL of Disbursements This Page (optional) ▶	8020.23
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 138

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Arthur J. Finkelstein & Assoc.		Transaction ID: 60414.E2661 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING	

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Transaction ID: 60414.E2622 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 2975.00	
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement DESIGN PRINT AND DISTRIBUTE HOLIDAY CARDS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DESIGN PRINT AND DISTRIBUTE HOLIDAY CARDS	

Full Name (Last, First, Middle Initial) C. Jamestown Associates		Transaction ID: 60414.E2649 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 1711.74	
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement POSTAGE FOR HOLIDAY CARDS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE FOR HOLIDAY CARDS	

SUBTOTAL of Disbursements This Page (optional) ▶	8686.74
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 138

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. FL Business Information, Inc.		Transaction ID: 60414.E2642 Date of Disbursement 01 / 13 / 2006	
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00	
City Bell State FL Zip Code 32619-	Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	NEWSPAPER CLIPPING SERVICE	

Full Name (Last, First, Middle Initial) B. FL Business Information, Inc.		Transaction ID: 60414.E2674 Date of Disbursement 02 / 04 / 2006	
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00	
City Bell State FL Zip Code 32619-	Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	NEWSPAPER CLIPPING SERVICE	

Full Name (Last, First, Middle Initial) C. FL Business Information, Inc.		Transaction ID: 60414.E2678 Date of Disbursement 02 / 07 / 2006	
Mailing Address PO Box 193		Amount of Each Disbursement this Period 260.00	
City Bell State FL Zip Code 32619-	Purpose of Disbursement NEWSPAPER CLIPPINGS SERV - 2 MO Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	NEWSPAPER CLIPPINGS SERV - 2 MO	

SUBTOTAL of Disbursements This Page (optional) ▶	520.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Edonation 1 Account		Transaction ID: 60414.E2618 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 1.60
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING COST	Candidate Name	FUNDRAISING COST
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Edonation 1 Account		Transaction ID: 60414.E2695 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 1.60
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING FEE	Candidate Name	FUNDRAISING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Edonation 1 Account		Transaction ID: 60414.E2724 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 1.60
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUND RASING FEE	Candidate Name	FUND RASING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4.80
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Edonation 1 Account		Transaction ID: 60414.E2723 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 25.00
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTING FEE	Candidate Name	HOSTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Edonation 1 Account		Transaction ID: 60414.E2722 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 84.00
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUND RASING FEE	Candidate Name	FUND RASING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Larson, Allen, Weishair & Co., LLP		Transaction ID: 60414.E2643 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 4099 Tamiami Trl N Ste 200		Amount of Each Disbursement this Period 2455.00
City Naples State FL Zip Code 34103-3548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING	Candidate Name	ACCOUNTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2564.00
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) Larson, Allen, Weishair & Co., LLP</p> <p>Mailing Address 4099 Tamiami Trl N Ste 200</p> <p>City Naples State FL Zip Code 34103-3548</p> <p>Purpose of Disbursement ACCOUNTING</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: 60414.E2680</p> <p>Date of Disbursement 02 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING</p>
<p>B. Full Name (Last, First, Middle Initial) Larson, Allen, Weishair & Co., LLP</p> <p>Mailing Address 4099 Tamiami Trl N Ste 200</p> <p>City Naples State FL Zip Code 34103-3548</p> <p>Purpose of Disbursement ACCOUNTING</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: 60414.E2692</p> <p>Date of Disbursement 02 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 3100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING</p>
<p>C. Full Name (Last, First, Middle Initial) Larson, Allen, Weishair & Co., LLP</p> <p>Mailing Address 4099 Tamiami Trl N Ste 200</p> <p>City Naples State FL Zip Code 34103-3548</p> <p>Purpose of Disbursement ACCOUNTING</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: 60414.E2728</p> <p>Date of Disbursement 03 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 2385.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING</p>

SUBTOTAL of Disbursements This Page (optional)	7135.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. The Lee Co Republican Executive Committee		Transaction ID: 60414.E2689 Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
Mailing Address		Amount of Each Disbursement this Period 600.00
City Fort Myers	State FL	
Zip Code 33901-	Purpose of Disbursement AD IN LINCOLN DINNER PROGRAM	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AD IN LINCOLN DINNER PROGRAM
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 60414.E2663 Date of Disbursement MM / DD / YYYY 02 / 04 / 2006
Mailing Address P. O. Box 360002		Amount of Each Disbursement this Period 3310.45
City Fort Lauderdale	State FL	
Zip Code 33336-	Purpose of Disbursement CREDIT CARD - SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD - SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. Mortons of Connecticut		Transaction ID: 60414.E2664 Date of Disbursement MM / DD / YYYY 02 / 04 / 2006
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 1990.62
City Washington	State DC	
Zip Code 20036-5303	Purpose of Disbursement MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3910.45
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Dell Computer Corp		Transaction ID: 60414.E2665 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 1279.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Round Rock State TX Zip Code 78682-7000	Purpose of Disbursement Blue Sky 41 Office Supplies Candidate Name <input type="checkbox"/> 004 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: BLUE SKY 41 OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Arent Fox PLLC		Transaction ID: 60414.E2645 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement LEGAL Candidate Name <input type="checkbox"/> 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) ▼	LEGAL

Full Name (Last, First, Middle Initial) C. Arent Fox PLLC		Transaction ID: 60414.E2732 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement LEGAL Candidate Name <input type="checkbox"/> 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) ▼	LEGAL

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: 60414.E2688 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1650.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATABASE #5 Candidate Name	Category/Type	DATABASE #5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America - Visa		Transaction ID: 60414.E2667 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 5270		Amount of Each Disbursement this Period 974.80
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name	Category/Type	CREDIT CARD - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E2673 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 131.72
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR Candidate Name	Category/Type	[MEMO ITEM] MEMO: CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2624.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2672 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 267.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631-3488	[Category/Type]	
Purpose of Disbursement CELLULAR		[Category/Type]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 60414.E2669 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 2774 East Colonial Drive		Amount of Each Disbursement this Period 24.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Orlando State FL Zip Code 32803-	[Category/Type]	
Purpose of Disbursement OFFICE SUPPLIS		[Category/Type]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Microsoft Corp		Transaction ID: 60414.E2670 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 239.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Redmond State WA Zip Code 98052-6399	[Category/Type]	
Purpose of Disbursement MICROSOFT PRODUCT KEY		[Category/Type]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Microsoft Corp		Transaction ID: 60414.E2671
Mailing Address 1 Microsoft Way		Date of Disbursement MM / DD / YYYY 02 / 04 / 2006
City Redmond	State WA	Zip Code 98052-6399
Purpose of Disbursement MICROSOFT PRODUCT KEY	Amount of Each Disbursement this Period 279.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> [MEMO ITEM] MEMO: MICROSOFT PRODUCT KEY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 60414.E2639
Mailing Address 815 Slaters Lane		Date of Disbursement MM / DD / YYYY 01 / 13 / 2006
City Alexandria	State VA	Zip Code 22314-
Purpose of Disbursement RETAINER FEE	Amount of Each Disbursement this Period 2000.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RETAINER FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 60414.E2646
Mailing Address 815 Slaters Lane		Date of Disbursement MM / DD / YYYY 01 / 27 / 2006
City Alexandria	State VA	Zip Code 22314-
Purpose of Disbursement WILLIAM & JENSON LUNCH	Amount of Each Disbursement this Period 281.74	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WILLIAM & JENSON LUNCH	
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)	2281.74
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group		Transaction ID: 60414.E2691 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1362.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	FEE FOR DOLLARS RECEIVED	
Purpose of Disbursement FEE FOR DOLLARS RECEIVED		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) ▼	

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 60414.E2690 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	RETAINER	
Purpose of Disbursement RETAINER		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) ▼	

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 60414.E2726 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	RETAINER	
Purpose of Disbursement RETAINER		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5362.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2619 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 267.14
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60414.E2648 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 57.68
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E2647 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 255.19
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	580.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2677 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 187.76
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60414.E2696 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 57.68
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E2733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 57.68
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	303.12
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2781 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 177.83
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx		Transaction ID: 60414.E2727 Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
Mailing Address P. O. Box 1140		Amount of Each Disbursement this Period 36.50
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY	Candidate Name	DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Express		Transaction ID: 60414.E2621 Date of Disbursement MM / DD / YYYY 01 / 06 / 2006
Mailing Address PO Box 727		Amount of Each Disbursement this Period 253.07
City Memphis State TN Zip Code 38194-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY	Candidate Name	DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	467.40
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. FedEx Express		Transaction ID: 60414.E2620 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 727		Amount of Each Disbursement this Period 256.51
City Memphis State TN Zip Code 38194-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY Candidate Name	Category/Type	DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Express		Transaction ID: 60414.E2675 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address PO Box 727		Amount of Each Disbursement this Period 43.20
City Memphis State TN Zip Code 38194-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY Candidate Name	Category/Type	DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Line 1 Communications		Transaction ID: 60414.E2644 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 72.04
City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement E-MAIL TRAFFIC Candidate Name	Category/Type	E-MAIL TRAFFIC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	371.75
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. Line 1 Communications Full Name (Last, First, Middle Initial) Mailing Address 3400 Birchwood Manor City Tallahassee State FL Zip Code 32312- Purpose of Disbursement EMAIL TRAFFIC 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: 60414.E2681 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 72.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EMAIL TRAFFIC
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B. Newt Gingrich Full Name (Last, First, Middle Initial) Mailing Address 5555 Glenridge Connector NE Ste 20 City Atlanta State GA Zip Code 30342-4740 Purpose of Disbursement TRAVEL AND LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E2679 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 3760.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL AND LODGING
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C. SCM Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 10 Main Street City Jaffrey State NH Zip Code 03452- Purpose of Disbursement PRODUCTION AND 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: 60414.E2623 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 3303.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRODUCTION AND POSTAGE
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SUBTOTAL of Disbursements This Page (optional) ▶	7136.29
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. SCM Associates, Inc.		Transaction ID: 60414.E2651 Date of Disbursement 01 / 27 / 2006
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 209.08
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BAL PRODUCTION -CONGRESSIONAL CLUB	Candidate Name	BAL PRODUCTION -CONGRESSIONAL CLUB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SCM Associates, Inc.		Transaction ID: 60414.E2650 Date of Disbursement 01 / 27 / 2006
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 500.00
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREATIVE FEE - CONGRESSIOANL CLUB	Candidate Name	CREATIVE FEE - CONGRESSIOANL CLUB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SCM Associates, Inc.		Transaction ID: 60414.E2682 Date of Disbursement 02 / 09 / 2006
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 5951.46
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEEKLY TELEMARKETING	Candidate Name	WEEKLY TELEMARKETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6660.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. SCM Associates, Inc.		Transaction ID: 60414.E2693 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 1080.92
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CALLING HOURS - JAN	Candidate Name	CALLING HOURS - JAN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Direct		Transaction ID: 60414.E2699 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 2000.00
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAILINGS	Candidate Name	DIRECT MAILINGS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Direct		Transaction ID: 60414.E2698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 445.22
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3526.14
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Southwest Direct		Transaction ID: 60414.E2736 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 1655.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Category/ Type	
Purpose of Disbursement PRINTING AND MAILING	Candidate Name	PRINTING AND MAILING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint - Embarq		Transaction ID: 60414.E2624 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 98.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/ Type	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint - Embarq		Transaction ID: 60414.E2694 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 93.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/ Type	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1847.32
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 119 / 138

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Sprint - Embarq		Transaction ID: 60414.E2735 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/Type	
Purpose of Disbursement TELEPHONE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SunTrust Credit Card		Transaction ID: 60414.E2652 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 629.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Category/Type	
Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD - SEE BELOW
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: 60414.E2656 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 400 1st Street, S.E.		Amount of Each Disbursement this Period 36.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	Category/Type	
Purpose of Disbursement MEALS Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	701.67
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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Bonita Springs Self Storage		Transaction ID: 60414.E2659 Date of Disbursement 01 / 27 / 2006	
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 155.31	
City Bonita Springs State FL Zip Code 34135-	Purpose of Disbursement STOTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STOTAGE	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60414.E2657 Date of Disbursement 01 / 27 / 2006	
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 155.56	
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELLULAR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELLULAR	

Full Name (Last, First, Middle Initial) C. Apple Store		Transaction ID: 60414.E2660 Date of Disbursement 01 / 27 / 2006	
Mailing Address 1100 So Haynes St		Amount of Each Disbursement this Period 161.65	
City Arlington State VA Zip Code 22202-	Purpose of Disbursement SUPPLIEX	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIEX	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Champs Restaurant & Bar		Transaction ID: 60414.E2658 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1201 S Joyce St Ste C10		Amount of Each Disbursement this Period 62.54
City Arlington State VA Zip Code 22202-2067	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust Credit Card		Transaction ID: 60414.E2697 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 2948.10
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD [SEE BELOW] Candidate Name	Category/Type	CREDIT CARD [SEE BELOW]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: 60414.E2707 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 370.97
City Fort Myers State FL Zip Code 33907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2948.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Outback Steakhouse		Transaction ID: 60414.E2715 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 12995 S. Cleveland Avenue		Amount of Each Disbursement this Period 104.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33907-	Category/Type	
Purpose of Disbursement MEALS Candidate Name		[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comp USA		Transaction ID: 60414.E2713 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 13741 S Tamiami Trl		Amount of Each Disbursement this Period 254.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-1606	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Armands Chicago Pizzeria		Transaction ID: 60414.E2705 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 226 Massachusetts Ave. N.E.		Amount of Each Disbursement this Period 44.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement MEALS Candidate Name		[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Bonita Springs Self Storage		Transaction ID: 60414.E2708 Date of Disbursement 02 / 27 / 2006
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
City Bonita Springs State FL Zip Code 34135-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE	Candidate Name	[MEMO ITEM] MEMO: STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 60414.E2709 Date of Disbursement 02 / 27 / 2006
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 331.38
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E2710 Date of Disbursement 02 / 27 / 2006
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 124.07
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	[MEMO ITEM] MEMO: CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2711 Date of Disbursement 02 / 27 / 2006
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 328.71
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	[MEMO ITEM] MEMO: CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 60414.E2720 Date of Disbursement 02 / 27 / 2006
Mailing Address Pagefield Postal Store		Amount of Each Disbursement this Period 33.95
City Fort Myers State FL Zip Code 33907-1403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Apple Store		Transaction ID: 60414.E2703 Date of Disbursement 02 / 27 / 2006
Mailing Address 1100 So Haynes St		Amount of Each Disbursement this Period 82.95
City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Apple Store		Transaction ID: 60414.E2704 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1100 So Haynes St		Amount of Each Disbursement this Period 230.90
City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Thaipoon Thai Restaurant		Transaction ID: 60414.E2718 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1301 So Joyce St		Amount of Each Disbursement this Period 104.31
City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Thaipoon Thai Restaurant		Transaction ID: 60414.E2717 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1301 So Joyce St		Amount of Each Disbursement this Period 101.04
City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Capital Grille		Transaction ID: 60414.E2712 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 388.78
City Washington State DC Zip Code 20004-2601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust Credit Card		Transaction ID: 60414.E2737 Date of Disbursement MM / DD / YYYY 03 / 25 / 2006
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 2791.23
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD [SEE BELOW] Candidate Name	Category/Type	CREDIT CARD [SEE BELOW]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bahama Breeze		Transaction ID: 60414.E2741 Date of Disbursement MM / DD / YYYY 03 / 25 / 2006
Mailing Address 14701 S. Tamiami Trail		Amount of Each Disbursement this Period 27.80
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2791.23
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Houstons Restaurant</p> <p>Mailing Address 215 S. Orlando Avenue</p> <p>City Winter Park State FL Zip Code 32789-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60414.E2751 Date of Disbursement: 03 / 25 / 2006</p> <p>Amount of Each Disbursement this Period: 123.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
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<p>B. Full Name (Last, First, Middle Initial) Houstons Restaurant</p> <p>Mailing Address 215 S. Orlando Avenue</p> <p>City Winter Park State FL Zip Code 32789-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60414.E2752 Date of Disbursement: 03 / 25 / 2006</p> <p>Amount of Each Disbursement this Period: 113.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
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<p>C. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 7091 College Pkwy.</p> <p>City Fort Myers State FL Zip Code 33907-</p> <p>Purpose of Disbursement OFFICE SUPPLIES</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: 60414.E2754 Date of Disbursement: 03 / 25 / 2006</p> <p>Amount of Each Disbursement this Period: 125.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>0.00</p>
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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)

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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. Tortilla Coast Full Name (Last, First, Middle Initial) Mailing Address 400 1st Street, S.E. City Washington State DC Zip Code 20016- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E2762 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 47.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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B. Bonita Springs Self Storage Full Name (Last, First, Middle Initial) 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E2742 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 157.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE
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C. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 First Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E2745 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 709.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2746 Date of Disbursement 03 / 25 / 2006
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 83.99
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	[MEMO ITEM] MEMO: CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60414.E2747 Date of Disbursement 03 / 25 / 2006
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 156.68
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR	Candidate Name	[MEMO ITEM] MEMO: CELLULAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 60414.E2763 Date of Disbursement 03 / 25 / 2006
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 100.00
City Pittsburgh State PA Zip Code 15220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM] MEMO: TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Thaipoon Thai Restaurant		Transaction ID: 60414.E2760 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1301 So Joyce St		Amount of Each Disbursement this Period 39.57
City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capital Grille		Transaction ID: 60414.E2743 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 61.15
City Washington State DC Zip Code 20004-2601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sanibel Palms Steakhouse		Transaction ID: 60414.E2758 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 13401 Summerlin Rd		Amount of Each Disbursement this Period 218.32
City Fort Myers State FL Zip Code 33919-6592	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Travel 2000		Transaction ID: 60414.E2761 Date of Disbursement
Mailing Address Various Locations		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City	State	Zip Code
		-
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="418.95"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) B. SunTust Bank		Transaction ID: 60414.E2729 Date of Disbursement
Mailing Address 200 S. Orange Avenue		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City	State	Zip Code
Orlando	FL	32801-
Purpose of Disbursement CHECK ORDER	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="51.45"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CHECK ORDER
State: District:		

Full Name (Last, First, Middle Initial) C. SunTust Bank		Transaction ID: 60414.E2730 Date of Disbursement
Mailing Address 200 S. Orange Avenue		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City	State	Zip Code
Orlando	FL	32801-
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="47.70"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="99.15"/>
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. SunTust Bank		Transaction ID: 60414.E2783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 200 S. Orange Avenue		Amount of Each Disbursement this Period 20.70
City Orlando State FL Zip Code 32801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U S Bank VISA		Transaction ID: 60414.E2625 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1549.89
City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD -SEE BELOW	Candidate Name	CREDIT CARD -SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Target		Transaction ID: 60414.E2630 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 38.76
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFT CERTIFICATE - ASHLEYS BIRTHDA	Candidate Name	[MEMO ITEM] MEMO: GIFT CERTIFICATE - ASHLEYS BIRTHDA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1570.59
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 60414.E2637 Date of Disbursement 01 / 06 / 2006	
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 56.02	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIES	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: 60414.E2631 Date of Disbursement 01 / 06 / 2006	
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 166.75	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SUPPLIES	

Full Name (Last, First, Middle Initial) C. Party City		Transaction ID: 60414.E2629 Date of Disbursement 01 / 06 / 2006	
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 48.79	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement DECORATIONS - CITY OF NAPLES PARTY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: DECORATIONS - CITY OF NAPLES PARTY	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. K-Mart		Transaction ID: 60414.E2633 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 3853 Cleveland Ave., S.		Amount of Each Disbursement this Period 258.54
City Fort Myers State FL Zip Code 33901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HURRICAN SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: HURRICAN SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melting Pot		Transaction ID: 60414.E2627 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 13251 McGregor Blvd		Amount of Each Disbursement this Period 759.28
City Fort Myers State FL Zip Code 33919-5941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS - HOLIDAY CELEBRATION	Candidate Name	[MEMO ITEM] MEMO: MEALS - HOLIDAY CELEBRATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U S Bank VISA		Transaction ID: 60414.E2738 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 254.13
City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD [SEE BELOW]	Candidate Name	CREDIT CARD [SEE BELOW]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	254.13
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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 60414.E2767 Date of Disbursement 03 / 25 / 2006	
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 25.41	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Party City		Transaction ID: 60414.E2768 Date of Disbursement 03 / 25 / 2006	
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 73.33	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT	

Full Name (Last, First, Middle Initial) C. USPS Colonialtown		Transaction ID: 60414.E2769 Date of Disbursement 03 / 25 / 2006	
Mailing Address 611 N. Mills Avenue		Amount of Each Disbursement this Period 68.00	
City Orlando State FL Zip Code 32803-	Purpose of Disbursement OFFICE EXPENSE - P O BOX RETAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE EXPENSE - P O BOX RETAL	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Visa Bank of America		Transaction ID: 60414.E2739 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 30770		Amount of Each Disbursement this Period 3556.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33630-	Category/Type	
Purpose of Disbursement CREDIT CARD [SEE BELOW]		CREDIT CARD [SEE BELOW]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Best Buy		Transaction ID: 60414.E2771 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 31.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33907-	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: 60414.E2780 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 400 1st Street, S.E.		Amount of Each Disbursement this Period 130.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	Category/Type	
Purpose of Disbursement MEALS		[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3556.19
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60414.E2775 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 407.07
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE - CELLULAR PHONE	Candidate Name	[MEMO ITEM] MEMO: OFFICE EXPENSE - CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capital Grille		Transaction ID: 60414.E2774 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 252.03
City Washington State DC Zip Code 20004-2601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stonybrook Golf Club		Transaction ID: 60414.E2779 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 21251 Stoneybrook Golf Blvd		Amount of Each Disbursement this Period 2173.66
City Estero State FL Zip Code 33928-6236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ENTERTAINMENT	Candidate Name	[MEMO ITEM] MEMO: ENTERTAINMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	78151.11

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 138 / 138
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates, Inc.	Nature of Debt (Purpose): Debt -Production & Postage William
Mailing Address 10 Main Street	
City State ZIP Code Jaffrey NH 03452-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 1LS60414.E2786	
Amount Incurred This Period <input type="text" value="6370.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6370.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arthur J. Finkelstein & Assoc.	Nature of Debt (Purpose): Debt - Polling Costs
Mailing Address 16 N. Astor Street	
City State ZIP Code Irvington NY 10533-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: LS60414.E2788	
Amount Incurred This Period <input type="text" value="12000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="18370.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="18370.00"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>