FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

						O	ffice Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typing, over the lines	type		
F	riends of Connie Mack						
L							
AD	DDRESS (number and street)	P.O. Box 51	9				
	Check if different than previously reported. (ACC)	Naples				FL L	34,106
2.	FEC IDENTIFICATION NU	JMBER ¥	CITY A	ı	Sī	ГАТЕД	ZIP CODE 🛕
	C00391243		3. IS THIS REPORT	NEV (N)	OR	AMENDE (A)	STATE V DISTRICT
4.	(a) Quarterly Reports: April 15 Quarterly July 15 Quarterly		(b) 12-Day P	Primary (12F Convention (P) X	General (120 Special (12S 2 0 0 6	
	January 31 Year-	End Report (YE)	(c) 30-Day P	POST-Election Rep		Runoff (30R	
	Termination Rep	ort (TER)	Election o	on .			in the State of
5.	Covering Period 1	0 01	2006	through	10	18	2006
	ertify that I have examined thi pe or Print Name of Treasure		-	dge and belief it is	true, correct ar	nd complete.	
	gnature of Treasurer Elect	ronically Filed by	Craig Engle	av subject the nere	Dat		2 6 2 0 0 7
-	Office Office	Toneous, or incomp	ete illioimation Ma	ly subject the pers	on signing trils	report to the pe	
	Use Only						FEC FORM 3 (Revised 02/2003)

Image# 27930172721

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Friends of Connie Mack м N 1 0 ° D 1 0 0 1 2006 2006 Report Covering the Period: From: To: 18 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 23843.00 1089210.18 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 2000.00 3900.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 21843.00 1085310.18 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 90543.10 903795.83 (from Line 17)..... (b) Total Offsets to Operating 0.00 839.62 Expenditures (from Line 14)..... (c) Net Operating Expenditures 902956.21 90543.10 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 323690.49 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission

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

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Friends of Connie Mack ° D 2006 2006 From: 10 0 1 10 18 Report Covering the Period: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 10690.00 677015.70 (i) Itemized (use Schedule A)..... 1653.00 103981.98 (ii) Unitemized..... (iii) TOTAL of contributions 12343.00 780997.68 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 11500.00 308212.50 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 23843.00 1089210.18 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 839.62 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 116.40 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 1090166.20 23843.00

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	90543.10	903795.83
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	2000.00	3900.00
	(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))	2000.00	3900.00
21.	OTHER DISBURSEMENTS	2100.00	9100.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	94643.10	916795.83
	III. CASH SUMMA	ARY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	394490.59
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	ie3)	23843.00
25.	SUBTOTAL (add Line 23 and Line 24)		418333.59
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	2 22)	94643.10
27.	CASH ON HAND AT CLOSE OF REPORTING PERI	IOD	323690.49

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5/35 (check only one) X 11a
_			, -	12 13a 13b 14 15
or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\Big angle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Robert Allen			Date of Receipt
	Mailing Address 430 Grand Bay Drive Apt. 605	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 61025.C16269
	Key Biscayne FEC ID number of contributing federal political committee.	FL C	33149	Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested	Occupation	n on Requested	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼		Sycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) William Barrott			Date of Receipt
	Mailing Address P. O. Box 912	10 / 07 / 2006		
	City Marco Island	State FL	Zip Code	Transaction ID: 61025.C16227
	FEC ID number of contributing federal political committee.	C	34146	Amount of Each Receipt this Period 250.00
	Name of Employer n/a	Occupation retired	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u>С</u> .	Full Name (Last, First, Middle Initial) A. J. Bourgeois			Date of Receipt
	Mailing Address 10100 Hillview Road, #608			10 05 2006
	City	State	Zip Code	Transaction ID: 61025.C16223
	Pensacola FEC ID number of contributing	<u>FL</u>	32514	Amount of Each Receipt this Period
	federal political committee.	C		100.00 Receipt
	Name of Employer n/a	Occupation retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Sycle-to-Date ▼ 300.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			850.00
	OTAL This Period (last page this line number			

S	CHEDULE A (FEC Form 3)	Llas congreta cohodulo(a)	FOR LINE NUMBER: PAGE 6 / 35
	EMIZED RECEIPTS	'	Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	y information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Friends of Connie Mack			
A.	Full Name (Last, First, Middle Initial) Michael G. Fink			Date of Receipt
	Mailing Address 1055 Wyomi Drive			10 02 7 2006
	City	State	Zip Code	Transaction ID: 61010.C16186
	Fort Myers	FL	33919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	Receipt
	Fink & Boyle, P.A.	attorney		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	1	3500.00	7
	Other (specify) ▼	0 0	3300.00	
В.	Full Name (Last, First, Middle Initial) Donald Friday			Date of Receipt
	Mailing Address 3924 Wilshire Ct	10 07 2006		
	City	State	Zip Code	Transaction ID: 61025.C16221
	Sarasota	FL	34238-2571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer retired	Occupation	1	Receipt
		retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(I)/441a-1)
	Primary X General Other (specify) ▼	1 1	403.00	
<u> </u>	Full Name (Last, First, Middle Initial) Edward Goodnow			Date of Receipt
	Mailing Address 9 Old Kings Highway	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 61025.C16201
	Darien	CT	06820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer Goodwin Gray & Co.	Occupation	nt manager	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		2100.00]
s	UBTOTAL of Receipts This Page (optional)			2625.00
	OTAL This Period (last page this line numb			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	ly not be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) George Hickey Mailing Address P.O. Box 10765 City Tampa FEC ID number of contributing federal political committee. Name of Employer Bond Auto Sales Receipt For: 2006 Primary X General Other (specify)	State FL C Occupation manager Election C		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Earl P Holland Mailing Address 15270 Kilbirnie Drive City Fort Myers FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2006 Primary X General Other (specify)	State FL C Occupation retired Election C	Zip Code 33912 n Cycle-to-Date ▼ 3250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Constance Hunter Mailing Address 4329 S Atlantic Ave City Ponce Inlet FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2006 Primary X General Other (specify)	State FL C Occupation retired Election C	Zip Code 32127-6903 n Sycle-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional))	1530.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may name and add	not be sold or used by any person	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Roger Jones Mailing Address P. O. Box 516 City	State	Zip Code	Date of Receipt 10 05 2006 Transaction ID: 61025.C16216
	Okeechobee	FL	34973	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34370	200.00
	Name of Employer self-employed Receipt For: 2006 Primary X General Other (specify) ▼	Occupation rancher Election C	rycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Kenneth Ludman Mailing Address 66 Hilltop Drive			Date of Receipt 1 0 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 61025.C16202
	Chappaqua	NY	10514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Receipt
	Name of Employer Patricia Lynch Associates	Occupation attorney	II	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼	Speriuling (2 0.3.0. 441a(1)/441a-1)
C.	Full Name (Last, First, Middle Initial) Henry N. McCluney			Date of Receipt
-	Mailing Address 271 Indian Harbor Rd			10 05 2006
	City	State	Zip Code	Transaction ID: 61025.C16224
	Vero Beach	<u>FL</u>	32963-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer n/a	Occupation retired	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	eycle-to-Date ▼ 900.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1400.00
T	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		Llas separata ashadula(s)	FOR LINE NUMBER: PAGE 9/35
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ly information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Friends of Connie Mack			
A.				Date of Receipt
	Mailing Address 15560 Greenock Lane			10 03 2006
	City	State	Zip Code	Transaction ID: 61025.C16220
	Fort Myers	<u>FL</u>	33912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer RJ McCormack	Occupation	1	Receipt
	RJ McCormack	architect		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		500.00	7
	Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial)			- · · · - · · ·
В.				Date of Receipt
	Mailing Address 2820 SE 19th PL	10 07 2006		
	City	State	Zip Code	Transaction ID: 61025.C16240
	Cape Coral	<u>FL</u>	33904-4015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	1	Receipt
	Lee Memorial Health System	attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
	Primary X General		600.00	1
	Other (specify)		0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) James Oliver			Date of Receipt
	Mailing Address 1902 Atlantic Avenue			10 04 7 2006
	City	State	Zip Code	Transaction ID: 61025.C16205
	Fernandina Beach	FL	32034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation	n on Requested	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify)		400.00	1
_		-	0 0 0 0 0 0 0 0	4
s	UBTOTAL of Receipts This Page (optional) .			700.00
T	OTAL This Period (last page this line numbe	r only)	,	

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 35
	EMIZED RECEIPTS	,	or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	I Statements may he name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Friends of Connie Mack			
A.	Full Name (Last, First, Middle Initial) Willis Roberts			Date of Receipt
	Mailing Address 2171 Gulf Shore Blvd Apt. 401			10 06 2006
	City	State	Zip Code	Transaction ID: 61025.C16210
	Naples	<u>FL</u>	34102-4625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Receipt
	retired	retired		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	, ,	310.00	7
	Other (specify) ▼	0 0	310.00	
В.	Full Name (Last, First, Middle Initial) Sheila Rooney			Date of Receipt
	Mailing Address 1321 SE 19th Ter			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 61025.C16243
	Cape Coral	FL	33990-4582	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		35.00
	Name of Employer	Occupation		Receipt
	retired	Occupation retired	I	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	2.000.011.0	yolo to Buto V	7
	Other (specify) ▼		215.00	
<u> </u>	Full Name (Last, First, Middle Initial) James Sadock			Date of Receipt
	Mailing Address 5894 Michaux St			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 61025.C16259
	Boca Raton	FL	33433-7276	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer retired	Occupation	1	Receipt
	retired	attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Primary X General	' '	500.00	7
	Other (specify) ▼		300.00	_
	UBTOTAL of Receipts This Page (optional)			185.00
\vdash	ODITAL OF HOOGIPES THIS Fage (optional)			
Ιт	OTAL This Period (last page this line number	er onlv)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/35 (check only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
A.	Mailing Address 4231 Pt. La Vista Roa City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Jacksonville Heart Center Receipt For: 2006 Primary X General	State FL C Occupation physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Carl Schultz Mailing Address 13785 Bald Cypress 0	Oir.	730.00	Date of Receipt
	City Fort Myers FEC ID number of contributing federal political committee. Name of Employer Cape Coral Physicians PA Receipt For: 2006 Primary X General Other (specify)	State FL C Occupation physician		Transaction ID: 61025.C16244 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) David Smith Mailing Address 225 Gulf Shore Blvd. City Naples FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2006 Primary X General Other (specify)	State FL C Occupation retired	Zip Code 34102-8449 n Cycle-to-Date ▼	Date of Receipt M M M
s	SUBTOTAL of Receipts This Page (optional)			1300.00
_	OTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Fori	m 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 35 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initia A. Vicky Smith	1)		Date of Receipt
Mailing Address 225 Gulf Shor	e Blvd N		10 09 YYYYY Y 2006
City	State	Zip Code	Transaction ID: 61025.C16204
Naples	FL	34102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer retired	Occupation retired	n	Receipt Limit Increased Due to Opponent's
Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initia B. David Turner			Date of Receipt
Mailing Address 6401 Aragon Unit 6-306	Way		10 09 7 2006
City	State	Zip Code	Transaction ID: 61025.C16241
Fort Myers	FL	33912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00 Receipt
Name of Employer Self Employed	Occupation		· ·
Receipt For: 2006	contracto	or Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initia C. Michael Valiquette) 		Date of Receipt
Mailing Address 1206 Bay Driv	re		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 61025.C16253
Sanibel	FL	33957	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Information Requested	Occupation Information	n on Requested	Receipt Limit Increased Due to Opponent's
Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (pptional)		1600.00
TOTAL This Pariod (last page this lin	ne number only)	·	

FOR LINE NUMBER: PAGE 13/35 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Date of Receipt Jovan Zepcevski Mailing Address 7802 Jean Blvd. 10 05 2006 City Zip Code State **Transaction ID: 61025.C16245** Fort Myers FL 33912 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Receipt Name of Employer Zep Construction, Inc. Occupation **Bridge Contractor** Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 1750.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number only)	•	10690.00

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 35 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d
Δr	ny information copied from such Reports and Sta	atements may	y not he sold or used by any ners	12 13a 13b 14 15
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) American Council of Engineering PAC			Date of Receipt
	Mailing Address 1015 15th Street NW Suite 802			10 02 7 9 9
	City	State	Zip Code	Transaction ID: 61025.C16235
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Receipt
	Receipt For: 2006	Flection C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Licction		7
	Other (specify) ▼	0 0	3000.00	
В.	Full Name (Last, First, Middle Initial) BellSouth Employees Federal PAC			Date of Receipt
	Mailing Address 150 S. Monroe Street, #	10 01 7 9 9 9		
	City	State	Zip Code	Transaction ID: 61025.C16264
	<u>Tallahassee</u>	FL	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0174060	1000.00
	Name of Employer	Occupation	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		6000.00	
	Full Name (Last, First, Middle Initial) Build PAC - Natl Assn of Home Builders			Date of Receipt
•	Mailing Address 1201 15th St NW			M M / D D / Y Y Y Y
	City	State	Zip Code	1 0 0 3 2 0 0 6 Transaction ID: 61010.C16185
	Washington	DC	20005-2842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0000901	3000.00
	Name of Employer	Occupation	n	Receipt
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			7
	Other (specify) ▼	0 0	6000.00	
S	UBTOTAL of Receipts This Page (optional)		······	5000.00
Т	OTAL This Period (last page this line number of	ınlv)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) 11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and 3 or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) ConocoPhillips Spirit PAC Mailing Address 1400B Plaza Office B City Bartlesville FEC ID number of contributing federal political committee. Name of Employer	State OK	Zip Code 74004 0112896	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: 2006 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Credit Suisse First Boston Govt. Fund PA Mailing Address 1201 F Street, NW Suite 450 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X General Other (specify)	Occupatio	Zip Code 20004 0111559 n Cycle-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CTIA PAC Mailing Address 1400 16th Street, NW Suite 600 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 Primary X General Other (specify)	State DC C	Zip Code 20036 n Cycle-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .)	3000.00
TOTAL This Period (last page this line number	r only))	

PAGE 16/35 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Florida Farm Bureau PAC Date of Receipt Mailing Address P. O. Box 147030 10 02 2006 City State Zip Code Transaction ID: 61025.C16268 <u>Gainesville</u> FI 32614 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. HSBC North America PAC Date of Receipt Mailing Address 1401 Eye Street, NW 12 2006 Suite 520 City State Zip Code Transaction ID: 61012.C16192 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 3500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	<u> </u>	11500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 17/35 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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) Transaction ID: 61025.E3027 Miromar Lakes Golf Club Date of Disbursement 10 2006 Mailing Address 10801 Corkscrew Road Suite 305 City State Zip Code Amount of Each Disbursement this Period 33928-Estero FL 2000.00 Purpose of Disbursement FUNDRAISING EXPENSE - LOCATION RENT Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House FUNDRAISING EXPENSE - LOC-ATION RENT General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 61025.E3025 Jamestown Associates Date of Disbursement 10 1™0 2006 Mailing Address 5 Mapletown Road, #300 City State Zip Code Amount of Each Disbursement this Period 08540-Princeton NJ 300.00 Purpose of Disbursement CAMPAIGN WEBSITE UPDATES Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: **CAMPAIGN WEBSITE UPDATES** Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 61025.E3037 Jamestown Associates Date of Disbursement 2006 Mailing Address 5 Mapletown Road, #300 City State Zip Code Amount of Each Disbursement this Period Princeton NJ 08540-49862.00 Purpose of Disbursement MEDIA BUYS - CAMPAIGN COMMERCIALS Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: MEDIA BUYS - CAMPAIGN COM-MERCIALS Senate Primary General President Other (specify) State: District:

52162.00

SUBTOTAL of Disbursements This Page (optional) ...

Ī						
S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 18/35		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck onl	y one) X 17		
		Detailed Summary Fage		20a 20b 20c 21		
	y Information copied from such Reports and St for commercial purposes, other than using the					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
<u>/</u>	Friends of Connie Mack					
۹.	Full Name (Last, First, Middle Initial) Mr. Rob Jennings		Transaction ID: 61025.E3022 Date of Disbursement			
	Mailing Address American Event Cons 501 L St NW	sulting, Inc.		10 M / 09 / Y Y Y O O O		
	City Washington	State Zip Code DC 20001-		Amount of Each Disbursement this Period		
	Purpose of Disbursement FUNDRAISING CONSULTING FEE			1000.00		
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ursement For: Primary General Other (specify) ▼		FUNDRAISING CONSULTING FEE		
	State: District: Full Name (Last, First, Middle Initial)					
3.	Sidewalk Salads	Transaction ID: 61025.E3029 Date of Disbursement				
	Mailing Address 5930 NW 3rd Street					
	City Miami	State Zip Code FL 33126-		Amount of Each Disbursement this Period		
	Purpose of Disbursement	695.50				
	FUNDRAISING EXPENSE - CATERING Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ursement For: Primary General Other (specify)	Туре	FUNDRAISING EXPENSE - CAT- ERING		
	State: District:					
Э.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.			Transaction ID: 61025.E3034 Date of Disbursement		
	Mailing Address 16 N. Astor Street		10 M / D 1 D / Y Y O O 6 Y			
	City Irvington	State Zip Code NY 10533-		Amount of Each Disbursement this Period		
	Purpose of Disbursement POLITICAL CONSUTING & TRAVEL EXPE	•	4721.23 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disk Senate President	ursement For: Primary General Other (specify)		POLITICAL CONSUTING & TRA- VEL EXPENS		
	State: District:					
s	UBTOTAL of Disbursements This Page (optio	nal)	>	6416.73		

_											
S	CHEDULE B (FEC Form	3)	Use sepe	erate schedule(s)		NUMBER:	PAGE 19/35				
IT	EMIZED DISBURSEMEN	ITS	for each	category of the ((check on						
			Detailed :	Summary Page		20a 20b 20c 21					
	y Information copied from such Reports for commercial purposes, other than us										
Λ	NAME OF COMMITTEE (In Full)										
/	Friends of Connie Mack										
_	Full Name (Last, First, Middle Initial)					Transaction ID: 610)25.E3026				
Α.	Florida Business Information, In	orida Business Information, Inc.									
	Mailing Address PO Box 193					10 10 7 2006					
	City Bell		State FL	Zip Code 32619-		Amount of Each Disl	oursement this Period				
	Purpose of Disbursement		1 L	32013			130.00				
	NEWSPAPER CLIPPING SERVICE					Refund or Dispos					
	Candidate Name				Category/ Type	11 C.F.R. 400.53					
	Office Sought: House		NEWSPAPER CL	IPPING SERVICE							
	Senate President		Primary Other (spe	General							
	State: District:		Otrici (spe	City) \blacktriangledown							
	Full Name (Last, First, Middle Initial)	-				Transaction ID: 610)25 F3043				
B.	Platinum Plus For Business - Ci	Date of Disbursemen									
	Mailing Address PO Box 15469	10 / 10	2006								
	City		State	Zip Code		Amount of Each Disl	oursement this Period				
	Wilmington		DE	19850-5469		10689.23					
	Purpose of Disbursement CREDIT CARD: SEE BELOW					— Refund or Dispos					
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House	Disburse	ment For:			CREDIT CARD: S	FF BFI OW				
	Senate President		Primary Other (spe	General							
	State: District:		Other (spe	City) \blacktriangledown							
	Full Name (Last, First, Middle Initial)	-1				Transaction ID: 610)25 F3073				
C.	Avis Rent-A-Car					Date of Disbursemen					
	Mailing Address multiple location	ons				10 / 10	2006				
	City	;	State	Zip Code -		Amount of Each Disl	oursement this Period				
	Purpose of Disbursement TRAVEL - CAR RENTAL					Defined as Diagon	104.80				
	Candidate Name		Category/ Type	Refund or Dispos Contributions Re 11 C.F.R. 400.53 [MEMO ITEM]	quired Under						
	Office Sought: House						CAR RENTAL				
	Senate		Primary	General		IVILIVIO. ITAVLL	OMMENTAL				
	State: President District:		Other (spe	ecity) 🔻							
	State: District:										
١	IIRTOTAL of Dishursements This Page	e (ontional)					10819.23				

0	CHEDIII E B /EEC Earm 2	\ _									
	CHEDULE B (FEC Form 3	- 1		rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 20 / 35					
-	EMIZED DISBURSEMENT	S		category of the Summary Page		X 17					
	y Information copied from such Reports an for commercial purposes, other than using										
\setminus	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	Friends of Connie Mack										
A.	Full Name (Last, First, Middle Initial) Best Buy					Transaction ID: 61025.E3048 Date of Disbursement					
	Mailing Address 5019 S. Cleveland	d Avenue									
	City Fort Myers	St F	ate L	Zip Code 33907-		Amount of Each Disbursement this Period					
	Purpose of Disbursement OFFICE SUPPLIES					442.51 Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		ent For: Primary Other (spe	General cify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES					
	State: District:										
В.	Full Name (Last, First, Middle Initial) Best Buy		Transaction ID: 61025.E3085 Date of Disbursement								
	Mailing Address 5019 S. Cleveland		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & Q & Q & G \end{bmatrix}$								
	City Fort Myers	St F	ate L	Zip Code 33907-		Amount of Each Disbursement this Period					
	Purpose of Disbursement OFFICE EQUIPMENT		237.2 Refund or Disposal of Excess								
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]							
	Office Sought: House Senate President		ent For: Primary Other (spe	General Cify) ▼		MEMO: OFFICE EQUIPMENT					
	State: District:		(-1	- 3, 🔻							
C.	Full Name (Last, First, Middle Initial) Chef Geoffs					Transaction ID: 61025.E3064 Date of Disbursement					
	Mailing Address 3201 New Mexico		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$								
	City Washington	St D	ate C	Zip Code 20016-		Amount of Each Disbursement this Period					
	Purpose of Disbursement MEALS					135.55 Refund or Disposal of Excess					
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President		ent For: Primary Other (spe	General cify) ▼		[MEMO ITEM] MEMO: MEALS					
_	State: District:										
 s	UBTOTAL of Disbursements This Page (c	optional)				0.00					

_												
	CHEDULE B (FEC Form 3)	Use se	perate schedule(s)		E NUMBER: PAGE 21 / 35							
IT	EMIZED DISBURSEMENTS		n category of the d Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21							
	y Information copied from such Reports and S for commercial purposes, other than using the											
abla	NAME OF COMMITTEE (In Full)											
/	Friends of Connie Mack											
Α.	Full Name (Last, First, Middle Initial) Hilton Naples & Towers Mailing Address 5111 Tamiami Trail.	Transaction ID: 61025.E3057 Date of Disbursement 10										
	Mailing Address 5111 Tamiami Trail,											
	City Naples		Amount of Each Disbursement this Period									
	Purpose of Disbursement TRAVEL - LODGING		195.04 Refund or Disposal of Excess									
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]							
	Senate President	bursement For: Primary Other (sp	General pecify) ▼		MEMO: TRAVEL - LODGING							
_	State: District:											
	Full Name (Last, First, Middle Initial) Old Ebbitt Grill		Transaction ID: 61025.E3062 Date of Disbursement									
	Mailing Address 675 15th Street, N.V		1 0 1 0 7 2 0 0 6 Y									
	City Washington	State DC	Zip Code 20005-		Amount of Each Disbursement this Period							
	Purpose of Disbursement MEAL		Refund or Disposal of Excess									
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]								
	Senate President	bursement For: Primary Other (sp	General pecify) ▼		MEMO: MEAL							
	State: District:											
C.	Full Name (Last, First, Middle Initial) Southwest Airlines				Transaction ID: 61025.E3072 Date of Disbursement							
	Mailing Address P. O. Box 36647				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & G \end{bmatrix}$							
	City Dallas	State TX	Zip Code 75234-		Amount of Each Disbursement this Period							
	Purpose of Disbursement TRAVEL				Refund or Disposal of Excess							
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Dis Senate President	bursement For: Primary Other (sp	General pecify) ▼		[MEMO ITEM] MEMO: TRAVEL							
_	State: District:	``	· 									
s	UBTOTAL of Disbursements This Page (option	onal)			0.00							

Any lir or for N. Fi A. C			d by any person	X 17 18 19a 19b 20a 20b 20c 21 for the purpose of solicating contributions						
N. FI	commercial purposes, other than using the nata AME OF COMMITTEE (In Full) riends of Connie Mack ull Name (Last, First, Middle Initial) singular Wireless lailing Address PO Box 31488			olicit contributions from such committee						
F: A. C	riends of Connie Mack ull Name (Last, First, Middle Initial) tingular Wireless lailing Address PO Box 31488			Transpostion ID: 61025 E2070						
/ А. С	ull Name (Last, First, Middle Initial) ingular Wireless lailing Address PO Box 31488			Transportion ID: 61025 E2070						
А. С	lailing Address PO Box 31488			Transaction ID: 61025 E2070						
_				Date of Disbursement 1023.23079 Date of Disbursement 100						
C	ity	Mailing Address PO Box 31488								
T	ampa	City State Zip Code Tampa FL 33631-3488								
	urpose of Disbursement ELL PHONE			184.23						
	andidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
Ō	ffice Sought: House Disbur Senate President	sement For: Primary General Other (specify)		[MEMO ITEM] MEMO: CELL PHONE						
	tate: District:									
_	ull Name (Last, First, Middle Initial) ingular Wireless		Transaction ID: 61025.E3059 Date of Disbursement							
M	lailing Address PO Box 31488			10 10 7 2006						
	ity ampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period						
	urpose of Disbursement ELL PHONE		313.35 Refund or Disposal of Excess							
C	andidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]						
	Senate President	rsement For: Primary General Other (specify)		MEMO: CELL PHONE						
Fı	tate: District: ull Name (Last, First, Middle Initial)			Transaction ID: 61025.E3050						
c . C	ingular Wireless			Date of Disbursement						
M	lailing Address PO Box 31488			1 0 1 0 / Y 2 0 0 6 Y						
	ity ampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period						
	urpose of Disbursement ELL PHONE		317.99 Refund or Disposal of Excess							
C	andidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]							
	Senate President	resement For: Primary General Other (specify)		MEMO: CELL PHONE						
S1	tate: District:									
SUB	STOTAL of Disbursements This Page (optional	l))	0.00						

	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 23 / 35 y one)				
П	EMIZED DISBURSEMENTS		category of the Summary Page	l ` <u>-</u> -	X 17				
	r Information copied from such Reports and State or commercial purposes, other than using the nar								
\rangle	NAME OF COMMITTEE (In Full) Friends of Connie Mack								
Α.	Full Name (Last, First, Middle Initial) Cingular Wireless				Transaction ID: 61025.E3060 Date of Disbursement 10				
	Mailing Address PO Box 31488	Ctata	7:- Oada						
	City Tampa	State FL	Zip Code 33631-3488		Amount of Each Disbursement this Period				
	Purpose of Disbursement CELL PHONE				175.99 Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ♥		[MEMO ITEM] MEMO: CELL PHONE				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Cingular Wireless				Transaction ID: 61025.E3049 Date of Disbursement				
	Mailing Address PO Box 31488		10 10 7 2006						
	City Tampa	State FL	Zip Code 33631-3488		Amount of Each Disbursement this Period				
	Purpose of Disbursement CELL PHONE	· ·	241.18 Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President Disburs	Primary Other (spe	General ecify) ▼		[MEMO ITEM] MEMO: CELL PHONE				
	State: District:		,, t						
C.	Full Name (Last, First, Middle Initial) Red Hot & Blue				Transaction ID: 61025.E3084 Date of Disbursement				
	Mailing Address 1600 Wilson Blvd.		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $						
	City Arlington	State VA	Zip Code 22209-		Amount of Each Disbursement this Period				
	Purpose of Disbursement MEALS			, ,	89.18 Refund or Disposal of Excess				
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ♥		[MEMO ITEM] MEMO: MEALS				
_	State: District:								
s	JBTOTAL of Disbursements This Page (optional))		>	0.00				

0/	CHEDIII E B /EEC Form 2	\							
	CHEDULE B (FEC Form 3			erate schedule(s)		INE NUMBER: PAGE 24 / 35 only one)			
!!	EMIZED DISBURSEMENT	S		category of the Summary Page	(X 17			
						on for the purpose of solicating contributions o solicit contributions from such committee			
\setminus	NAME OF COMMITTEE (In Full)								
	Friends of Connie Mack								
A.	Full Name (Last, First, Middle Initial) The UPS Store								
	Mailing Address 5100 S. Clevelar	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & \check{Y} & \check{Y} \\ 2 & 0 & 0 & 6 \end{smallmatrix} $							
	City Fort Myers		State =L	Zip Code 33907-		Amount of Each Disbursement this Period			
	Purpose of Disbursement POSTAGE		, ,	50.00 Refund or Disposal of Excess					
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General		MEMO: POSTAGE			
	State: District:		\	<i>3</i> , 4					
В.	Full Name (Last, First, Middle Initial) US Airways		Transaction ID: 61025.E3074 Date of Disbursement						
	Mailing Address 7 Park Center								
	City Pittsburgh		State PA	Zip Code 15220-		Amount of Each Disbursement this Period			
	Purpose of Disbursement TRAVEL		407.6 Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼		MEMO: TRAVEL			
	State: District:			•					
C.	Full Name (Last, First, Middle Initial) US Airways					Transaction ID: 61025.E3047 Date of Disbursement			
	Mailing Address 7 Park Center					10 10 7 2006			
	City Pittsburgh		State PA	Zip Code 15220-		Amount of Each Disbursement this Period			
	Purpose of Disbursement TRAVEL			100.00 Refund or Disposal of Excess					
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General cify) ▼		MEMO: TRAVEL			
_	State: District:								
s	UBTOTAL of Disbursements This Page (optional)			1	0.00			

C/	CHEDIII E D /EEC Form 2	\								
	CHEDULE B (FEC Form 3			erate schedule(s)	FOR LINI (check or	E NUMBER: PAGE 25/35				
IT	EMIZED DISBURSEMENT	S		category of the Summary Page	(Gricoit Gr	X 17 18 19a 19b				
						for the purpose of solicating contributions				
or	for commercial purposes, other than using	the name	and addres	ss of any political	committee to s	olicit contributions from such committee				
\rangle	NAME OF COMMITTEE (In Full) Friends of Connie Mack									
_	Full Name (Last, First, Middle Initial)					Transaction ID: 61025.E3054				
Α.	US Airways	Date of Disbursement								
	Mailing Address 7 Park Center									
	City		State	Zip Code		Amount of Each Disbursement this Period				
	Pittsburgh	- I	PA	15220-		F.00				
	Purpose of Disbursement TRAVEL					5.00 Refund or Disposal of Excess				
	Candidate Name	Category/	Contributions Required Under							
					Туре	[MEMO ITEM]				
	Office Sought: House Senate	Disburser	nent For: Primary	General		MEMO: TRAVEL				
	President		Other (spe							
	State: District:		C.1.10. (Opo-	J						
	Full Name (Last, First, Middle Initial)					Transaction ID: 61025.E3075				
В.	US Airways		Date of Disbursement							
	Mailing Address 7 Park Center		M M / D D / Y 2 0 0 6 Y							
	City		State	Zip Code 15220-		Amount of Each Disbursement this Period				
	Pittsburgh			407.60						
	Purpose of Disbursement TRAVEL			407.60						
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under						
					Туре	11 C.F.R. 400.53				
	Office Sought: House	Disburser				- [MEMO ITEM] MEMO: TRAVEL				
	Senate		Primary	General						
	President State: District:		Other (spe	сіту) 🔻						
_	Full Name (Last, First, Middle Initial)					Transaction ID: C1005 F0050				
C.	US Airways					Transaction ID: 61025.E3053 Date of Disbursement				
						10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 7 Park Center					10 10 2006				
	City Pittsburgh		State PA	Zip Code 15220-		Amount of Each Disbursement this Period				
	Purpose of Disbursement					974.90				
	TRAVEL				2-1/	Refund or Disposal of Excess Contributions Required Under				
	Candidate Name				Category/ Type	11 C.F.R. 400.53				
	Office Sought: House	Disburser	ment For:		715-5	[MEMO ITEM]				
	Senate		Primary	General		MEMO: TRAVEL				
	President		Other (spe	cify)						
_	State: District:									
s	UBTOTAL of Disbursements This Page (optional)			.	0.00				

_						
S	CHEDULE B (FEC Form 3) [lse sene	rate schedule(s)		INE NUMBER: PAGE 26/35
IT	EMIZED DISBURSEMENTS	S fo		ategory of the	(check	only one)
		D	etailed S	Summary Page		X 17
Δ,	y Information against from auch Bonorta an	d Statemente	movino	t be cold or used	l by any par	20a 20b 20c 21
	for commercial purposes, other than using t					
Ν	NAME OF COMMITTEE (In Full)					
1/	Friends of Connie Mack					
<u></u>	Full Name (Last, First, Middle Initial)					
A.	US Airways	Transaction ID: 61025.E3052 Date of Disbursement				
	Mailing Address 7 Park Center	1 0 1 0 / Y 2 0 0 6 Y				
	City	State	<u>е</u>	Zip Code		Amount of Each Disbursement this Period
	Pittsburgh	PA		15220-		
	Purpose of Disbursement TRAVEL	845.20 Refund or Disposal of Excess				
	Candidate Name	Contributions Required Under				
					Туре	11 C.F.R. 400.53 [MEMO ITEM]
	· -	Disbursemer				MEMO: TRAVEL
	Senate		mary	General		
	President State: District:	Ott	ner (spe	ciry) 🔻		
_	Full Name (Last, First, Middle Initial)					
В.		Transaction ID: 61025.E3051 Date of Disbursement				
	Mailing Address 7 Park Center	10 10 7 2006				
	City Pittsburgh	State PA	е	Zip Code 15220-		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL		5.00			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House [Disbursemer	nt For:		туре	[MEMO ITEM]
	Senate President	Pri	mary	General		MEMO: TRAVEL
	State: District:	Ou	ner (spe	City) \		
	Full Name (Last, First, Middle Initial) USPS					Transaction ID: 61025.E3046
•	03F3					Date of Disbursement
	Mailing Address 1050 Connecticut	1 0 1 0 / Y 2 0 0 6 Y				
	City Washington	State DC		Zip Code 20035-5303		Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	49.14 Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		Disbursemer			V15 5	[MEMO ITEM] MEMO: POSTAGE
	Senate		mary	General		
_	President State: District:	Oth	ner (spe	CITY) ▼		
s	UBTOTAL of Disbursements This Page (o	ptional)				0.00

nage	e# 27930172746															
	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use sepe for each Detailed	_	LINE N	-	R:	18 20b		PAGI	E 27				
		ed from such Reports rposes, other than usir						the pu		e of s	olicati	ng con	tributi			
\rangle	NAME OF COM Friends of Cor	, ,														
Α.										Transaction ID: 61025.E3058 Date of Disbursement						
	Mailing Address 1050 Connecticut Ave, NW															
	City Washington			Amou	nt of	Eacl	n Disbi	urseme		s Period	7					
	Purpose of Disbu			L.	of. 100	d or C	liopoo	al of Ex	_	5.00	4					
	Candidate Name	Categor Type		C	ontrik C.F	oution R. 4	s Req 00.53	al of Ex uired U								
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼			MEM MEM			-					
	State:	District:														
В.	Full Name (Last, First, Middle Initial) USPS Mailing Address 1050 Connecticut Ave, NW							Date		sburs	: 6102 ement		045 Ž o č) 6 [°]		
	City Washington			State Zip Code DC 20035-5303				Amount of Each Disbursement this Period						_		
	Purpose of Disbursement POSTAGE							35.10 Refund or Disposal of Excess Contributions Required Under					_			
	Candidate Name	Type 11 C.F.R.					00.53	uii eu c	naei							
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼			[MEMO ITEM] MEMO: POSTAGE								
	State:	District:														
C.	Fox and Hound	First, Middle Initial) d						Date		-	: 6102 ement			· V		
	Mailing Address										1 0	L.	žοč	6		
	City State Zip Code							Amou	nt of	Eacl	n Disbi	urseme	nt this	s Period		
	Purpose of Disbursement MEALS											al of Ex	cess	0.92	_	
	Candidate Name Cat								C.F	R. 4	00.53	uired L	nuer			
	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼							MEM			-					
	State:	District:														

0.00

SUBTOTAL of Disbursements This Page (optional)

_										
SCHEDULE B (FEC Form 3) Use sepera			erate schedule(s)		E NUMBER:	PAGE 28/35				
ITEMIZED DISBURSEMENTS		ITS	for each category of the		(check or	<u> </u>	10- 🗆 10-			
			Detailed	Summary Page			19a 19b 20c 21			
	y Information copied from such Reports for commercial purposes, other than us									
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	Friends of Connie Mack									
_	Full Name (Last, First, Middle Initial)					Transaction ID: 610)25.E3086			
Α.	SonyStyle Pentagon					Date of Disbursemer	nt			
	Mailing Address 1100 So Hayes	s Street								
	City Arlington		State VA	Zip Code 22202-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement OFFICE EQUIPMENT				0 0	Refund or Dispos	2572.49			
	Candidate Name				Category/ Type	Contributions Red	quired Under			
	Office Sought: House	Disburse	ment For:		туре	[MEMO ITEM]				
	Senate		Primary	General		MEMO: OFFICE E	:QUIPMENT			
	President		Other (spe	ecify) 🔻						
	State: District: Full Name (Last, First, Middle Initial)									
В.							Transaction ID: 61025.E3065 Date of Disbursement			
	Mailing Address 1301 South Jo	10 M / D D	2006							
	City		State	Zip Code		Amount of Each Disk	oursement this Period			
	Arlington		VA	22202-			37.94			
	Purpose of Disbursement MEALS		Refund or Disposal of Excess							
	Candidate Name				Category/ Type	Contributions Red	equired Under			
	Office Sought: House	Disburse	ment For:			MEMO ITEM] MEMO: MEALS				
	Senate President		Primary Other (spe	General						
	State: District:		Other (Spe	∀						
_	Full Name (Last, First, Middle Initial)	-1				Transaction ID: 610)25.E3066			
C.	Thaipoon Thai Restaurant					Date of Disbursemer	nt			
	Mailing Address 1301 South Jo	yce St				10 10	2006			
	City Arlington		State VA	Zip Code 22202-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement MEALS		•	58.89						
	Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53								
	Office Sought: House	Disburse	ment For:			MEMO ITEM] MEMO: MEALS				
	Senate President		Primary	General						
	State: District:		Other (spe	ouly) ♥						
Г										
١٩	IIRTOTAL of Disbursements This Page	e (ontional)			_		0.00			

Use seperate schedule(s) (above					NUMBER: PAGE 29/35		
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		(check only	X 17		
		Detailed Suiti	illiary i age		20a 20b 20c 21		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
\setminus	NAME OF COMMITTEE (In Full)						
/	Friends of Connie Mack						
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: 61025,E3068		
A.	Capital Grille				Date of Disbursement		
	Mailing Address 601 Pennsylvania Ave NV	N			10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
		V					
			o Code 0004-2601		Amount of Each Disbursement this Period		
	Purpose of Disbursement	DC 20	J004-2001 _		11.90		
	MEALS				Refund or Disposal of Excess		
	Candidate Name			Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:		Туре	[MEMO ITEM]		
	Senate	Primary	General		MEMO: MEALS		
	President	Other (specify)	▼				
_	State: District:						
В.	Full Name (Last, First, Middle Initial) United Airlines		ransaction ID: 61025.E3056 Date of Disbursement				
	The state of the s	10 10 2006					
	Mailing Address multiple locations		10 10 2000				
	City	State Zip	o Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement		· .		200.00		
	TRAVEL				Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:		Туре	[MEMO ITEM]		
	Senate	Primary	General		MEMO: TRAVEL		
	President State: District:	Other (specify)	▼				
_	Full Name (Last, First, Middle Initial)				Transaction ID: 61025.E3023		
C.	Bittersweet Catering				Date of Disbursement		
	Mailing Address 103 North Alfred Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City	State Zip	o Code		Amount of Each Disbursement this Period		
			2314-				
	Purpose of Disbursement CATERING FOR FUNDRAISING EVENT		346.75				
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under		
				Type	11 C.F.R. 400.53		
	Office Sought: House Disburse		0		CATERING FOR FUNDRAISING		
	Senate President	Primary Other (specify)	General		EVENT		
_	State: District:						
	•				346.75		
S	UBTOTAL of Disbursements This Page (optional) .				340./0		

Ŭ							
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			for each o	rate schedule(s) category of the Summary Page	(check only	NUMBER: / one) X 17 18 20a 20b	PAGE 30 / 35
				n for the purpose of solicating contributions solicit contributions from such committee			
\rangle	NAME OF COMMITTEE (I Friends of Connie Mac	•					
Α.	Full Name (Last, First, Midd Arent Fox LLP Mailing Address 1050	dle Initial) Connecticut Ave N	MA /			Transaction ID: 6 Date of Disbursen	nent
	City Washington		State DC	Zip Code 20036-5308			hisbursement this Period
	Purpose of Disbursement ACCOUNTING AND LEGA Candidate Name	AL SERVICES			Category/	Contributions i	5055.20 cosal of Excess Required Under
	Office Sought: Hou Sen Pres	ate sident	ement For: Primary Other (spec	General cify) ▼	Туре	11 C.F.R. 400 ACCOUNTING ICES	AND LEGAL SERV-
В.	Full Name (Last, First, Midd Cingular Wireless Mailing Address PO B	dle Initial)				Transaction ID: 6 Date of Disbursen	nent
	City Tampa		State FL	Zip Code 33631-3488		Amount of Each D	bisbursement this Period
	Purpose of Disbursement CELL PHONE Candidate Name				Category/ Type		posal of Excess Required Under
	Office Sought: Hou Sen		ement For: Primary Other (spec	General cify) ▼	,,	CELL PHONE	
<u> </u>	State: District Full Name (Last, First, Midd FedEx					Transaction ID: 6	
	Mailing Address P. O.	Box 1140				10 / D 1	2006
	City Memphis Purpose of Disbursement DELIVERY		State TN	Zip Code 38101-			30.96 posal of Excess
	Candidate Name	,			Category/ Type		Required Under
		ate sident	ement For: Primary Other (spec	General Cify) ▼		DELIVERY	
	State: District						E060 F1
le	LIRTOTAL of Dishursement	e This Page (ontional)			_	1	5962.51

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B (FEC Form 3)		·	Llas apparata aphadula(a) FOR L			IE NUMBER: PAGE 31 / 35						
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page			(check onl	ly one)						•
_					}					19a 20d		19b 21
	y Information copied from such Reports and Staten									licating	contr	
or	for commercial purposes, other than using the nam	e and addre	ess of any political	con	nmittee to so	olicit con	tribut	tions f	roi	m such	com	mittee
$ \rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack											
\mathbb{Z}	Therius of Confine Mack											
Α.	Full Name (Last, First, Middle Initial)									61025	E30	31
Α.	SCM Associates, Inc.							isburs		ment	y · ,	Y * Y * Y
	Mailing Address 1283 Main Street PO Box 254					1 0) M		1		2	2006°
	City State Zip Code Dublin NH 03444-						unt c	of Eac	h [Disburs	emer	nt this Period
	Purpose of Disbursement TELEMARKETING AND DIRECTMAIL				•				_		-	9251.60
	Candidate Name			L	ategory/					posal o Requir		
	Candidate Name				ategory/ Type			F.R. 4				
		ement For:				TELI	ΞΜΑ	RKE	TI	NG AI	ND E	DIRECTM-
	Senate President	Primary Other (sp	General			AIL						
	State: District:] (-)	<i>y</i> / \									
_	Full Name (Last, First, Middle Initial)						sact	ion IE): (61025	E30	28
В.	Sprint - Embarq							isburs			., .	
	Mailing Address P.O. Box 740602) M	/ D	1	0 /	Y 2	2006
	City Cincinnati	State OH	Zip Code 45274-			Amo	unt c	of Eac	h [Disburs	emer	nt this Period
	Purpose of Disbursement TELEPHONE			Amount of Each Disbursement this Period 149.28 Refund or Disposal of Excess								
	Candidate Name	С	ategory/		Contr		ns	Require				
	Office Cought	ement For:			Туре	'	10.	1 .11. 4	.00	7.55		
	Office Sought: House Disburse Senate	Primary	General			TELI	ΞPΗ	ONE				
	President	Other (sp	ecify) 🔻									
	State: District:								_			
C.	Full Name (Last, First, Middle Initial) Stone Group, LLC						Transaction ID: 61025.E3033 Date of Disbursement					
	Mailing Address 5701 Bayview Drive						M	/ D	1	0 /	Y	006
	City	State	Zip Code			Amo	unt c	of Eac	h [Disburs	emer	nt this Period
	Fort Lauderdale					-	-		-			
	Purpose of Disbursement CAMPAIGN CONSULTING/FUNDRAISING					L	2 - 6	al au F			-	5000.00
	Candidate Name		ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53								
		ce Sought: Disbursement For:					IPAI	GN C	C	NSUL	.TIN	G/FUNDR-
	Senate President	Primary Other (sp	General			AISING						
	State: District:	Touler (sh	oon <i>y)</i> ▼									
	1							-	=			400.00
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>				_		14	400.88

0	CHEDIII E D /EEC Form 2 \		-						
	CHEDULE B (FEC Form 3)	Use seperate schedule(s) FOR LINI (check on	NUMBER: PAGE 32/35					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(CHECK OII	X 17					
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								
\vdash	NAME OF COMMITTEE (In Full)								
\rangle	Friends of Connie Mack								
Α.	Full Name (Last, First, Middle Initial) SunTrust Credit Card	Transaction ID: 61025.E3040 Date of Disbursement							
	Mailing Address PO Box 791250	$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & 1 & D \\ 0 & 1 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$							
	City Baltimore	State Zip Code MD 21279-1250	ı	Amount of Each Disbursement this Period					
	Purpose of Disbursement CREDIT CARD: SEE BELOW			435.00 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Senate President	ement For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW					
	State: District:								
В.	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage	Transaction ID: 61025.E3039 Date of Disbursement							
	Mailing Address 8953 Terrene Court	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Bonita Springs	Amount of Each Disbursement this Period							
	Purpose of Disbursement		157.94 Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]					
	Office Sought: House Disburs Senate	ement For: Primary General		MEMO:					
	President	Other (specify)							
	State: District:								
C.	Full Name (Last, First, Middle Initial) Cingular Wireless	Transaction ID: 61025.E3041 Date of Disbursement M							
	Mailing Address PO Box 31488								
	City Tampa	Amount of Each Disbursement this Period							
	Purpose of Disbursement CELL PHONE		150.79 Refund or Disposal of Excess						
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		MEMO: CELL PHONE					
	State: District:								
s	UBTOTAL of Disbursements This Page (optional)		>	435.00					

State:

SCHEDULE B (FEC Form 3)

District:

FOR LINE NUMBER: PAGE 33 / 35 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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) Transaction ID: 61025.E3042 Verizon Wireless Date of Disbursement 10 1[™]0 2006 Mailing Address 131 North Court House Rd City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-126.27 Purpose of Disbursement **CELL PHONE** Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: Disbursement For: House MEMO: CELL PHONE Primary General Senate President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	90543.10

State:

SCHEDULE B (FEC Form 3)

District:

FOR LINE NUMBER: PAGE 34/35 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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) Transaction ID: 61025.E3035 Reynolds For Congress Date of Disbursement 10 1[™]0 2006 Mailing Address PO Box 15388 City State Zip Code Amount of Each Disbursement this Period Rochester NY 14615-2100.00 Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House Senate Primary X General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2100.00
TOTAL This Period (last page this line number only)	•	2100.00

George Zaczac

Mailing Address

Candidate Name

Office Sought:

Senate

District:

President

City

Miami

State:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 35/35 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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) Transaction ID: 61025.E3036 Date of Disbursement 2006 777 NW 72nd Ave State Zip Code Amount of Each Disbursement this Period FL 33126-3004 2000.00 Purpose of Disbursement Refund of Contribution refund of contrib 010 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: 2006 House

X General

Primary

Other (specify)

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