

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

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

CITY STATE ZIP CODE STATE DISTRICT

FL 14

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 04 01 2007 through 06 30 2007

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 13 2007

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	152755.49	364376.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	152755.49	364376.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	88920.35	290435.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88920.35	290435.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	388213.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

100030.00

246655.00

(ii) Unitemized.....

6637.49

17903.49

(iii) TOTAL of contributions

106667.49

264558.49

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

46088.00

99818.01

(d) The Candidate.....

0.00

0.00

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

152755.49

364376.50

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

152755.49

364376.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88920.35	290435.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	2100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88920.35	292535.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	324378.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	152755.49
25. SUBTOTAL (add Line 23 and Line 24).....	477133.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88920.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	388213.37

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Connie Mack		Candidate ID Number H4FL14059
Name of Principal Campaign Committee Friends of Connie Mack		Committee ID Number C C00391243
Committee Address P.O. Box 519		
City Naples	State FL	ZIP 34106-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	1000.00	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	1000.00	0.00

**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 / 126
	<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)
Gencarelli Group

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2007

Transaction ID: 70713.C17324

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)
Daniel Adams

Mailing Address 2180 West First Street Suite 212

City Fort Myers State FL Zip Code 33901

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

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

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2007

Transaction ID: 70523.C17037

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)
Daniel Adams

Mailing Address 2180 West First Street Suite 212

City Fort Myers State FL Zip Code 33901

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

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

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2007

Transaction ID: 70713.C17236

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) ► **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 7 / 126
	<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)
Richard Alcalde

Mailing Address 7442 Old Maple Square

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Potomac Partners DC Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 70713.C17051

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)
John N. Allen

Mailing Address 100 Kingstown Drive

City State Zip Code
Naples FL 34102

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

Name of Employer self-employed Occupation real estate developer

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17264

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 Bahn

Mailing Address 5075 Joewood Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 7

Transaction ID: 70523.C17031

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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 / 126
	<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)
Sam Bailey

Mailing Address 2589 West Gulf Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
06 / 06 / 2007

Transaction ID: 70713.C17166

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)
David Barton

Mailing Address 5718 Driftwood Parkway

City State Zip Code
Cape Coral FL 33904

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 1000.00

Date of Receipt
05 / 23 / 2007

Transaction ID: 70713.C17093

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)
William Barton

Mailing Address 605 Palm Cir E.

City State Zip Code
Naples FL 34102

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 750.00

Date of Receipt
06 / 15 / 2007

Transaction ID: 70713.C17265

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 9 / 126
	<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 State Zip Code
Naples FL 34103

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

Name of Employer
Beasley Broadcast Group, Inc.

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 70523.C17038

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Clark Berry

Mailing Address 1277 Hanton Ave

City State Zip Code
Fort Myers FL 33901-6716

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 70713.C17225

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)
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: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: 70713.C17155

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)	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: (check only one)	PAGE 10 / 126
	<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)
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: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 750.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 70713.C17073

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)
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: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 250.00

Date of Receipt
06 / 11 / 2007

Transaction ID: 70713.C17180

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)
Eleanor C. Blitzer

Mailing Address 1248 Shadow Lane

City State Zip Code
Fort Myers FL 33901

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

Name of Employer n/a
Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 70713.C17111

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) **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: (check only one)	PAGE 11 / 126
	<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)
Peter H. Blitzer

Mailing Address 1248 Shadow Lane

City State Zip Code
Fort Myers FL 33901

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

Name of Employer
21st Century

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17110

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)
Stuart Bobman

Mailing Address 813 Cape View Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer
Radiology Regional Center

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 70713.C17084

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)
Richard Bolen

Mailing Address 616 Putter Point Place

City State Zip Code
Naples FL 34103

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

Name of Employer
Downing & Frye Realty, In-c.

Occupation
realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 70713.C17200

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 12 / 126
	<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)
Norman Braman

Mailing Address 2060 Biscayne Blvd., 2nd Floor

City State Zip Code
Miami FL 33137

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

Name of Employer Information Requested Occupation
auto dealer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 70417.C16948

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)
Melville G. Brinson

Mailing Address 2228 Palm Avenue

City State Zip Code
Saint James City FL 33956

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

Name of Employer Information Requested Occupation
Adams, Fiechthaler & Brinson attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 70713.C17072

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)
Melville G. Brinson

Mailing Address 2228 Palm Avenue

City State Zip Code
Saint James City FL 33956

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

Name of Employer Information Requested Occupation
Adams, Fiechthaler & Brinson attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

500.00

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

Transaction ID: 70713.C17256

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) ► **900.00**

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 / 126
	<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)
Barbara Cameratta

Mailing Address

City State Zip Code
Brecksville OH 44141

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 23 / 2007

Transaction ID: 70713.C17238

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)
Joseph Cameratta

Mailing Address

City State Zip Code
Brecksville OH 44141

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

Name of Employer Occupation
Self Employed developer

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 23 / 2007

Transaction ID: 70713.C17237

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)
Tracey C. Caruso

Mailing Address 15400 Sweetwater Court

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Occupation
self-employed insurance

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: 70713.C17067

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 14 / 126
	<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 Castellanos

Mailing Address 507 Del Prado Blvd. S

City State Zip Code
Cape Coral FL 33904

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17095

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)
Andrew Chicone

Mailing Address 8380 Casa Del Rio Ln

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Self Employed Occupation Mortgage Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
400.00

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

Transaction ID: 70713.C17239

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Barron Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer Barron Collier Occupation chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: 70713.C17292

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) ► **2400.00**

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 / 126
	<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)
Barron Collier

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Barron Collier Co. general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C17284

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)
Miles Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: 70713.C17291

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Parker J. Collier

Mailing Address 3001 Tamiami Trail N., Ste. 207

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: 70713.C17294

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 16 / 126
	<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)
Theresa A. Collier

Mailing Address 3001 Tamiami Trail N., Ste. 207

City State Zip Code
Naples FL 34103

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 18 / 2007

Transaction ID: 70713.C17293

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)
Samantha Cook

Mailing Address 2425 L. Street NW #605

City State Zip Code
Washington DC 20037

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

Name of Employer Fierce, Isakowitz & Blalock Occupation Government Affairs Director

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 07 / 2007

Transaction ID: 70713.C17203

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)
Pat Corrigan

Mailing Address P. O. Box 690068

City State Zip Code
Vero Beach FL 32969

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

Name of Employer self-employed Occupation grower/rancher

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2007

Transaction ID: 70424.C17003

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)	▶	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 17 / 126
	<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)
Pat Corrigan

Mailing Address P. O. Box 690068

City State Zip Code
Vero Beach FL 32969

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

Name of Employer self-employed Occupation grower/rancher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: 70713.C17217

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)
Paul Crompton

Mailing Address 1342 Woodmere Lane

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Crompton Creative Advertising Occupation advertising

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2007

Transaction ID: 70713.C17062

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)
Frank DAlessandro

Mailing Address 14220 Royal Harbour Court # 510

City State Zip Code
Fort Myers FL 33908

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

Name of Employer DAlessandro & Woodyard Occupation broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 06 / 2007

Transaction ID: 70713.C17164

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 / 126
	<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)
Frank DAlessandro

Mailing Address 14220 Royal Harbour Court # 510

City State Zip Code
Fort Myers FL 33908

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

Name of Employer
DAlessandro & Woodyard

Occupation
broker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General 2008

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: 70713.C17165

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 505 S. Riverhills Drive

City State Zip Code
Temple Terrace FL 33617

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

Name of Employer
H. Lee Moffitt Cancer Center

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2007

Transaction ID: 70417.C16979

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)
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: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2007

Transaction ID: 70713.C17316

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)	▶	2650.00
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 / 126
	<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)
Charles Dauray

Mailing Address P.O. Box 97

City State Zip Code
Estero FL 33928

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

Name of Employer
College of Life Foundatio-
n, In Occupation
chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Primary 2008

1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 7

Transaction ID: 70523.C17033

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)
Charles Dauray

Mailing Address P.O. Box 97

City State Zip Code
Estero FL 33928

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

Name of Employer
College of Life Foundatio-
n, In Occupation
chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Primary 2008

1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 7

Transaction ID: 70713.C17064

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)
Charles Dauray

Mailing Address P.O. Box 97

City State Zip Code
Estero FL 33928

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

Name of Employer
College of Life Foundatio-
n, In Occupation
chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Primary 2008

1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17271

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 20 / 126
	<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)
W. Alan Dayton

Mailing Address 241 Tangier Avenue

City State Zip Code
Palm Beach FL 33480

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

Name of Employer self-employed Occupation investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 70417.C16981

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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 250.00

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

Transaction ID: 70713.C17078

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)
Thomas Dickinson

Mailing Address 2229 McClellan Pkwy

City State Zip Code
Sarasota FL 34239-3712

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

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 70713.C17258

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) ► **800.00**

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 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Alan Dimmitt

Mailing Address 12361 Londonderry Ln

City State Zip Code
Bonita Springs FL 34135-6368

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

Name of Employer
Liberty Youth Ranch, Inc.

Occupation
executive

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17277

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)
Celia B. Dosoretz

Mailing Address 13221 Ponderosa Way

City State Zip Code
Fort Myers FL 33907

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

Name of Employer
n/a

Occupation
homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2007

Transaction ID: 70713.C17088

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 2150 Channel Way

City State Zip Code
Fort Myers FL 33917-2514

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

Name of Employer
retired

Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 13 / 2007

Transaction ID: 70713.C17059

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) ► **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 22 / 126
	<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)
Tully Dunlap

Mailing Address P. O. Box 430

City State Zip Code
Labelle FL 33935

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: 70713.C17056

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)
Brewster Durkee

Mailing Address 5027 River Point Road

City State Zip Code
Jacksonville FL 32207

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: 70713.C17119

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)
J. David Eller

Mailing Address 281 S.E. 18th Avenue

City State Zip Code
Deerfield Beach FL 33441

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

Name of Employer MWI Corporation Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 70713.C17322

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) ► **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 23 / 126
	<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

Full Name (Last, First, Middle Initial) Mark English		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 800 Laurel Oak Drive Suite 400		Transaction ID: 70713.C17272	
City State Zip Code Naples FL 34108		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 Occupation Morgan Stanley senior vice president			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) William C. Ennen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 7	
Mailing Address 3914 W. Riverside Drive		Transaction ID: 70713.C17232	
City State Zip Code Fort Myers FL 33901		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 Information Requested Information Requested			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) Edwardo Fernandez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 4351 N.E. 22nd Ave.		Transaction ID: 70713.C17102	
City State Zip Code Fort Lauderdale FL 33308-5629		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 Information Requested Information Requested			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 126
	<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)
Henry Fischer

Mailing Address PO Box 780068

City Sebastian State FL Zip Code 32978

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

Name of Employer Self Employed Occupation dentist

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 2 / 2 0 0 7

Transaction ID: 70417.C16962

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)
Todd Fitzgerald

Mailing Address 9300 Trians Terr #4

City Fort Myers State FL Zip Code 33912

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

Name of Employer First Home Builders Occupation real estate development

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **200.00**

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

Transaction ID: 70713.C17223

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)
Terrance R. Flynn

Mailing Address 3801 Fort Charles Drive

City Naples State FL Zip Code 34102

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1500.00**

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

Transaction ID: 70713.C17091

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) **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 25 / 126
	<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)
Terrance R. Flynn

Mailing Address 3801 Fort Charles Drive

City State Zip Code
Naples FL 34102

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2000.00

Date of Receipt
06 / 19 / 2007

Transaction ID: 70713.C17269

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)
Victoria Ford

Mailing Address 4303 Forest Park Rd

City State Zip Code
Jacksonville FL 32210

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
06 / 11 / 2007

Transaction ID: 70713.C17192

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 Fournace

Mailing Address 5844 Cape Island Drive, #B

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Morgan Stanley Occupation financial advisor

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 200.00

Date of Receipt
06 / 23 / 2007

Transaction ID: 70713.C17229

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 26 / 126
	<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)
Lamar Gable

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Barron Collier Co. general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C17285

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)
Sam Galloway

Mailing Address P. O. Box 70

City State Zip Code
Fort Myers FL 33902

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

Name of Employer Occupation
self-employed auto dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 24 / 2007

Transaction ID: 70713.C17099

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)
Daniel Galmarini

Mailing Address 5051 Pelican Colony Blvd #1903

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2007

Transaction ID: 70713.C17107

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 27 / 126
	<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 J. Gannon

Mailing Address 60 Seagate Drive
Unit 1105

City Naples State FL Zip Code 34103

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

Name of Employer Self Employed Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
06 / 19 / 2007

Transaction ID: 70713.C17255

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)
Janette Gaw

Mailing Address 13993 Avon Park Circle

City Fort Myers State FL Zip Code 33912-1916

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 200.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 70713.C17116

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)
Lee Gentil

Mailing Address 2440 Gordon Drive

City Naples State FL Zip Code 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 100.00

Date of Receipt
04 / 05 / 2007

Transaction ID: 70417.C16953

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) **800.00**

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 / 126
	<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)
Lee Gentil

Mailing Address 2440 Gordon Drive

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: 70713.C17120

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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17318

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)
David Goldstein

Mailing Address 392 Terracina Way

City State Zip Code
Naples FL 34119

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

Name of Employer Occupation
Beasley Broadcast Group, Inc. cfo

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2007

Transaction ID: 70713.C17250

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)	900.00
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 / 126
	<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)
J. Dudley Goodlette

Mailing Address 4001 Tamiami Trail, N. Ste 300

City State Zip Code
Naples FL 34103

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

Name of Employer Occupation
State of Florida state representative

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17273

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)
Ann G. Grady

Mailing Address 720 5th Ave S Ste 200

City State Zip Code
Naples FL 34102-6623

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17206

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)
Tim Graney

Mailing Address 12341 McGregor Palms Drive

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2007

Transaction ID: 70713.C17230

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 30 / 126
	<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)
Angelica Guckes

Mailing Address 4351 N.E. 22nd Ave

City State Zip Code
Fort Lauderdale FL 33308-5629

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: 70713.C17101

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)
Arnold Haake

Mailing Address 28614 Highgate Drive
The Lake Club at Spanish Wells

City State Zip Code
Bonita Springs FL 34135

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	7

Transaction ID: 70713.C17240

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)
Alexander Haig

Mailing Address 622 N. Flagler Drive
Apt. 801

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Self Employed Occupation businessman

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt

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

Transaction ID: 70417.C16947

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)	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 31 / 126
	<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)
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 n/a Occupation Lawyer - retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: 70713.C17096

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)
Michael Hanus

Mailing Address 2028 Mission Dr.

City State Zip Code
Naples FL 34109

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17109

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)
William Hendrickson

Mailing Address 160 Moorings Park Dr., #J305

City State Zip Code
Naples FL 34105

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **200.00**

Date of Receipt
MM / DD / YYYY
04 / 01 / 2007

Transaction ID: 70417.C16969

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 32 / 126
	<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)
Eliot Hoffman

Mailing Address 15601 Queensferry Drive

City State Zip Code
Fort Myers FL 33912

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

Name of Employer
Cardiology Consultants

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 70713.C17077

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)
Earl P Holland

Mailing Address 15270 Kilbirnie Drive

City State Zip Code
Fort Myers FL 33912

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

Name of Employer
retired

Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 70523.C17018

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address PO Box 292

City State Zip Code
Lehigh Acres FL 33970

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

Name of Employer
AIM Engineering

Occupation
engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 70713.C17306

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)	▶	2800.00
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 / 126
	<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 T Humphrey

Mailing Address 1657 Menlo Rd

City State Zip Code
Fort Myers FL 33901-4921

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

Name of Employer City of Fort Myers/Fowler Whit
Occupation Mayor/Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17097

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)
Nancy Humphrey

Mailing Address 1657 Menlo Road

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Homemaker
Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17098

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)
Constance Hunter

Mailing Address 4329 S Atlantic Ave

City State Zip Code
Ponce Inlet FL 32127-6903

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

Name of Employer retired
Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 7

Transaction ID: 70523.C17008

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 34 / 126
	<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)
Constance Hunter

Mailing Address 4329 S Atlantic Ave

City Ponce Inlet State FL Zip Code 32127-6903

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt 06 / 28 / 2007

Transaction ID: 70713.C17304

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)
Robert Hurt

Mailing Address 2260 48th Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer Hurt, Norton & Associates, Inc Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt 06 / 27 / 2007

Transaction ID: 70713.C17212

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)
Keith Hussey

Mailing Address 681 Goodlette Road North Suite 130

City Naples State FL Zip Code 34102

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

Name of Employer Self Employed Occupation medical doctor

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt 05 / 29 / 2007

Transaction ID: 70713.C17143

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) **1550.00**

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 / 126
	<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) Keith Hussey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7
Mailing Address 681 Goodlette Road North Suite 130		Transaction ID: 70713.C17209
City State Zip Code Naples FL 34102	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 Self Employed medical doctor	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	
Election Cycle-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Bill Isaac		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1209 Westway Drive		Transaction ID: 70713.C17262
City State Zip Code Sarasota FL 34236	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 The Secura Group chairman	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	
Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Thomas James		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 9341 Silverthorn		Transaction ID: 70713.C17321
City State Zip Code Largo FL 33777	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 Occupation Raymond James Financial ceo	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	
Election Cycle-to-Date ▼ 500.00		

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 36 / 126
	<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)
Aleix Jarvis

Mailing Address 1306 Claybore House Ct.

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
Fierce, Isakowitz & Blalock Government Affairs Director

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70713.C17202

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)
James Jennings

Mailing Address 9209 Kincaid Court

City State Zip Code
Sanibel FL 33957

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

Name of Employer Occupation
City of Sanibel councilman

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **275.00**

Date of Receipt
MM / DD / YYYY
04 / 28 / 2007

Transaction ID: 70523.C17026

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)
James Jessee

Mailing Address 1111 Spyglass Ln

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70713.C17295

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) **1025.00**

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 37 / 126
	<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)
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: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
04 / 28 / 2007

Transaction ID: 70523.C17047

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)
John Kagan

Mailing Address 6981 Lake Devonwood Drive

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Kagan, Juga & Assoc. Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
04 / 02 / 2007

Transaction ID: 70417.C16989

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)
Jan Kantor

Mailing Address 285 Grande Way Unit 1202

City State Zip Code
Naples FL 34110

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
06 / 25 / 2007

Transaction ID: 70713.C17323

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) **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 38 / 126
	<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. Michael Katin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 2234 Colonial Blvd.		Transaction ID: 70713.C17105	
City State Zip Code Fort Myers FL 33907		Amount of Each Receipt this Period 2300.00	
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 Radiation Therapy Associates	Occupation physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 2300.00		

Full Name (Last, First, Middle Initial) B. Kevin Kearns		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 7701 Knightwing Circle		Transaction ID: 70713.C17205	
City State Zip Code Fort Myers FL 33912-7331		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 Health Choice Network	Occupation health care management		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Elaine Keltner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 11514 Osprey Landing Way		Transaction ID: 70523.C17045	
City State Zip Code Fort Myers FL 33908		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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 100.00		

SUBTOTAL of Receipts This Page (optional)	2900.00
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 / 126
	<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)
Elaine Keltner

Mailing Address 11514 Osprey Landing Way

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: 70713.C17184

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)
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 Occupation
self-employed writer

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17290

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)
Martin Klingenberg

Mailing Address 1455 Blue Paint Avenue

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Self Employed attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: 70713.C17068

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)	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 40 / 126
	<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)
Jane Lane

Mailing Address 1051 Wyomi Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt
06 / 23 / 2007

Transaction ID: 70713.C17233

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)
Michael Leonard

Mailing Address 18151 Old Dominion Court

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Information Requested Occupation Information Requested
1st Home Builders of Florida attorney

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt
06 / 23 / 2007

Transaction ID: 70713.C17227

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)
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 Information Requested Occupation Information Requested
retired retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008.00

Date of Receipt
04 / 10 / 2007

Transaction ID: 70417.C16993

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) **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 41 / 126
	<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 Lozick

Mailing Address 29425 Chagrin Blvd
Suite 201

City Beachwood State OH Zip Code 44122

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

Name of Employer Swagelok Company Occupation chairman

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2300.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2007

Transaction ID: 70713.C17052

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Chuck Malkus

Mailing Address 900 River Reach Dr
#502

City Fort Lauderdale State FL Zip Code 33315-1100

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

Name of Employer Malkus Communication Group Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: 70523.C17021

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)
Linda Malone

Mailing Address 1258 Waggle Way

City Naples State FL Zip Code 34108

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

Name of Employer Self Employed Occupation self employed

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: 70713.C17249

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) **3300.00**

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 / 126
	<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)
Contantine Mantz

Mailing Address 13001 Silver Sands Drive

City State Zip Code
Fort Myers FL 33913

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17108

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)
Paul Marinelli

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
Naples FL 34105

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17283

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)
Kurt Markgraf

Mailing Address 3663 McKinley Ave

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 70713.C17074

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) ► **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: <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 43 / 126
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Marjorie Matheson		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 430 S Beach Rd		Transaction ID: 70713.C17320	
City State Zip Code Hobe Sound FL 33455-2702		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 n/a	Occupation homemaker		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Scott McCaleb		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 1776 K Street, NW		Transaction ID: 70713.C17325	
City State Zip Code Washington DC 20006		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 Wiley Rein LLP	Occupation attorney		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Richard Mcconnell		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 1776 K Street, NW		Transaction ID: 70713.C17326	
City State Zip Code Washington DC 20006		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 Wiley Rein LLP	Occupation attorney		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 126
	<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)
Alvin McQuinn

Mailing Address 1551 Gulf Shore Blvd., S.

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
QuinStar Investment Partners c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1300.00**

Date of Receipt
MM / DD / YYYY
06 / 02 / 2007

Transaction ID: 70713.C17133

Amount of Each Receipt this Period
1300.00

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

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

Mailing Address 2071 S.E. 28th Street

City State Zip Code
Cape Coral FL 33904

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

Name of Employer Occupation
Self Employed surgeon

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: 70713.C17066

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 Miksa

Mailing Address 2071 S.E. 28th Street

City State Zip Code
Cape Coral FL 33904

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

Name of Employer Occupation
Self Employed surgeon

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1250.00**

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17112

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) **2550.00**

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 45 / 126
	<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)
Keith Miller

Mailing Address 12731 Terabella Way

City State Zip Code
Fort Myers FL 33912-0910

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

Name of Employer
21st Century Oncology

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 70713.C17094

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)
Kimberly Speer Miller

Mailing Address 2660 Half Moon Walk

City State Zip Code
Naples FL 34102

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

Name of Employer
self-employed

Occupation
investor/trader

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 70523.C17024

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)
Kimberly Speer Miller

Mailing Address 2660 Half Moon Walk

City State Zip Code
Naples FL 34102

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

Name of Employer
self-employed

Occupation
investor/trader

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 70713.C17266

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 46 / 126
	<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)
Eric & Rebecca Mondres

Mailing Address 15082 Stillfield Place

City State Zip Code
Centreville VA 20120-1100

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

Name of Employer Occupation
FHL Bank Atlanta First VP

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **500.00**

Date of Receipt
05 / 17 / 2007

Transaction ID: 70713.C17054

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)
Donna S. Moore

Mailing Address 508 E. Pensacola

City State Zip Code
Broken Arrow OK 74011

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

Name of Employer Occupation
n/a student

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1000.00**

Date of Receipt
06 / 24 / 2007

Transaction ID: 70713.C17279

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)
Donnah Moore

Mailing Address 1055 Wyomi Dr.

City State Zip Code
Fort Myers FL 33919-2635

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

Name of Employer Occupation
self-employed accounting

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date **1000.00**

Date of Receipt
06 / 23 / 2007

Transaction ID: 70713.C17228

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 47 / 126
	<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)
Kevin P. Moore

Mailing Address 508 E. Pensacola

City State Zip Code
Broken Arrow OK 74011

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

Name of Employer Rooney Holdings, Inc. Occupation c.f.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17278

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)
Leslie C. Mozingo

Mailing Address 4315 Woodbourne Dr.

City State Zip Code
Clemmons NC 27012

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

Name of Employer The Ferguson Group Occupation lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C17307

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)
Bruce M. Nakfoor

Mailing Address 340 Colony Dr

City State Zip Code
Naples FL 34108-8798

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

Name of Employer self-employed Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2007

Transaction ID: 70713.C17103

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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 / 126
	<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)
Silvina Nakfoor

Mailing Address 340 Colony Dr.

City State Zip Code
Naples FL 34108

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17104

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)
Ana V. Navarro

Mailing Address 5650 S.W. 131st Court

City State Zip Code
Miami FL 33183

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

Name of Employer self-employed Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2007

Transaction ID: 70420.C16996

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)
Nelson Nieves

Mailing Address 5514 SW 12th Avenue

City State Zip Code
Cape Coral FL 33914

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

Name of Employer Synergy Contractors, Inc. Occupation business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17076

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 49 / 126
	<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)
Nelson Nieves

Mailing Address 5514 SW 12th Avenue

City State Zip Code
Cape Coral FL 33914

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

Name of Employer Synergy Contractors, Inc. Occupation business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2007

Transaction ID: 70713.C17222

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)
Patricia ODonnell

Mailing Address 4291 Williams Road

City State Zip Code
Estero FL 33928

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

Name of Employer ODonnell Landscaping Occupation office manager

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2007

Transaction ID: 70417.C16992

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 Orr

Mailing Address 2780 Cleveland Ave., #717

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Self Employed Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 27 / 2007

Transaction ID: 70713.C17087

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) ► **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 50 / 126
	<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 Paul

Mailing Address PO Box 17999

City State Zip Code
Jacksonville FL 32245-7999

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

Name of Employer Southeast-Atlantic Beverage Co
Occupation distributor

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 1500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2007

Transaction ID: 70417.C16970

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)
Leigh Perkins

Mailing Address 5097 Westlake Road

City State Zip Code
Monticello FL 32344

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 200.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2007

Transaction ID: 70426.C17006

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)
George Perreault

Mailing Address 7336 Captain Kidd Avenue

City State Zip Code
Sarasota FL 34231

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

Name of Employer Self Employed
Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70713.C17319

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)	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: PAGE 51 / 126
	(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)
Robert Pettit

Mailing Address 1776 K Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Wiley Rein LLP attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Primary 2008

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: 70713.C17327

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 Planning

Mailing Address 3615 Old Vernon Ct

City State Zip Code
Alexandria VA 22309

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

Name of Employer Occupation
Ryan, Phillips, Utrecht, & Mac lobbyist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Primary 2008

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: 70713.C17050

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)
Bonne Posma

Mailing Address 12946 Kedleston Cir

City State Zip Code
Fort Myers FL 33912-6605

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

Name of Employer Occupation
Saminco Inc. Director of Companies

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Primary 2008

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2007

Transaction ID: 70713.C17224

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)	1400.00
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 52 / 126
	<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)
Harry C. Powell

Mailing Address 1100 Homestead Road, N.

City State Zip Code
Lehigh Acres FL 33936

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

Name of Employer Landex Corporation Occupation real estate

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: 70713.C17070

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)
Gary Price

Mailing Address 3120 Leeward Lane

City State Zip Code
Naples FL 34103

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

Name of Employer Naples City Council Occupation council member

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 70713.C17270

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)
Rachel Ratliff

Mailing Address 730 Birdie View Point

City State Zip Code
Sanibel FL 33957

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 7

Transaction ID: 70713.C17145

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 53 / 126
	<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 Raymond

Mailing Address 14009 Image Lake Court

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Occupation
Florida Cancer Specialists physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 70713.C17085

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)
David Reardon

Mailing Address 6568 Sandspur Lane

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Occupation
Ameripath pathologist

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 7

Transaction ID: 70713.C17079

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)
Bert Rein

Mailing Address 1776 K. Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Wiley Rein LLP attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: 70713.C17328

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) ► **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 54 / 126
	<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. David J. Rice		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 3040 Rivershore Lane		Transaction ID: 70713.C17065	
City State Zip Code Port Charlotte FL 33953	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 self-employed Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Occupation physician Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Roger B. Rice		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 9010 Strada Stell Court		Transaction ID: 70713.C17053	
City State Zip Code Naples FL 34109	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 Self Employed Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Occupation attorney Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. William Roberts		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address 1776 K. Street, NW		Transaction ID: 70713.C17329	
City State Zip Code Washington DC 20006	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 Wiley Rein LLP Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Occupation attorney Election Cycle-to-Date 200.00		

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 55 / 126
	<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)
Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer Occupation
Edison National Bank c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2007

Transaction ID: 70713.C17080

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)
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 Occupation
retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17281

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)
Mary Royal

Mailing Address 3235 Avocado Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2007

Transaction ID: 70523.C17034

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 56 / 126
	<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 Rutledge

Mailing Address 711 Mangrove Point Road

City State Zip Code
Sarasota FL 34242

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 10 / 2007

Transaction ID: 70417.C16975

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)
Cesar Santiago

Mailing Address 20922 Island Sound Cir
Unit 204

City State Zip Code
Estero FL 33928

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2007

Transaction ID: 70713.C17115

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)
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: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2007

Transaction ID: 70713.C17235

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 57 / 126
	<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)
Carl Schultz

Mailing Address 13785 Bald Cypress Cir

City State Zip Code
Fort Myers FL 33907-1843

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

Name of Employer Occupation
Cape Coral Physicians PA physician

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 28 / 2007

Transaction ID: 70523.C17035

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)
Robert F. Schwindt

Mailing Address 1001 Arbor Lake Drive #1608

City State Zip Code
Naples FL 34110

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

Name of Employer Occupation
n/a retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 17 / 2007

Transaction ID: 70713.C17063

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)
Richard L. Scott

Mailing Address 700 11th Street S #101

City State Zip Code
Naples FL 34102-6777

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

Name of Employer Occupation
Self Employed developer

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C17274

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) ► **800.00**

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 / 126
	<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)
Richard Shanahan

Mailing Address 427 Barcelona Court

City State Zip Code
Marco Island FL 34145

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

Name of Employer Information Requested Occupation
realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: 70417.C16973

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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 7

Transaction ID: 70417.C16945

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)
Howard Sheridan

Mailing Address 842 Cal Cove Drive

City State Zip Code
Fort Myers FL 33919

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

Name of Employer Self Employed Occupation
physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

2300.00

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

Transaction ID: 70713.C17106

Amount of Each Receipt this Period
2300.00

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 59 / 126
	<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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 425.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: 70417.C16983

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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 625.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: 70713.C17168

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)
Shutts & Bowen

Mailing Address 200 E. Broward Blvd., #200

City State Zip Code
Fort Lauderdale FL 33311

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

Name of Employer Occupation
n/a law firm

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2007

Transaction ID: 70713.C17298

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)	900.00
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 60 / 126
	<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. Mark Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007
Mailing Address 1326 Bayliss Drive		Transaction ID: 70713.C17151
City State Zip Code Alexandria VA 22302	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 govt. relations advisor	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Wayne O Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2007
Mailing Address 1385 Wood Duck Trl		Transaction ID: 70713.C17288
City State Zip Code Naples FL 34108-3317	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 retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. K.L. Spear		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007
Mailing Address 14882 Bellezza Lane		Transaction ID: 70713.C17057
City State Zip Code Naples FL 34110	Amount of Each Receipt this Period 190.00	
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 Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 190.00	

SUBTOTAL of Receipts This Page (optional)	1690.00
TOTAL This Period (last page this line number only)	(Empty box)

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 / 126
	<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)
K.L. Spear

Mailing Address 14882 Bellezza Lane

City State Zip Code
Naples FL 34110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: 70713.C17058

Amount of Each Receipt this Period
190.00

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

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

Mailing Address 1285 Gulf Shore Blvd. North Apt. 7-A

City State Zip Code
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: 70713.C17069

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 Spears

Mailing Address 1285 Gulf Shore Blvd. North Apt. 7-A

City State Zip Code
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: 70713.C17275

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) ► **940.00**

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 / 126
	<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 Spinelli

Mailing Address 3927 Arnold Avenue

City State Zip Code
Naples FL 34104

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

Name of Employer Occupation
Titan Custom Homes home builder

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: 70713.C17305

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)
Juliet Sproul

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Barron Collier Co. general partner

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C17280

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)
Katherine Sproul

Mailing Address 2600 Golden Gate Pkwy

City State Zip Code
Naples FL 34105

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

Name of Employer Occupation
Barron Collier Co. VP Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C17287

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 63 / 126
	<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)
Joyce Ruth Sweet

Mailing Address 10 Brogden Court, S.E.

City State Zip Code
Winter Haven FL 33880

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
06 / 05 / 2007

Transaction ID: 70713.C17173

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)
Patricia Swindle

Mailing Address 137 Clarke Ave

City State Zip Code
Palm Beach FL 33480-6122

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
05 / 04 / 2007

Transaction ID: 70713.C17055

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)
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code
Miami FL 33161

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

Name of Employer self-employed Occupation developer

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 2008

Date of Receipt
05 / 23 / 2007

Transaction ID: 70713.C17300

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)	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 64 / 126
	<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)
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code
Miami FL 33161

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

Name of Employer self-employed Occupation
developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: 70713.C17301

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)
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code
Miami FL 33161

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

Name of Employer self-employed Occupation
developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C17299

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)
Teri Thomas

Mailing Address 6796 Broken Arrow Rd

City State Zip Code
Fort Myers FL 33912-4101

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

Name of Employer A D Systems Occupation
owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 28 / 2007

Transaction ID: 70523.C17046

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 65 / 126
	<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)
Cathy Thompson

Mailing Address 1318 Wales Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	7

Transaction ID: 70523.C17036

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)
Cathy Thompson

Mailing Address 1318 Wales Drive

City State Zip Code
Fort Myers FL 33901

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	7

Transaction ID: 70713.C17231

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)
Nicholas Thompson

Mailing Address 1318 Wales Drive

City State Zip Code
Fort Myers FL 33901-7742

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

Name of Employer State of Florida Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	7

Transaction ID: 70713.C17226

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)	▶	900.00
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 / 126
	<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 Valiquette

Mailing Address 1206 Bay Drive

City State Zip Code
Sanibel FL 33957

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

Name of Employer self-employed Occupation
Building contractor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 900.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2007

Transaction ID: 70713.C17199

Amount of Each Receipt this Period
400.00

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
engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 750.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17113

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)
Jacques Vinmont

Mailing Address 21 Aspen Court

City State Zip Code
Boynton Beach FL 33436

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

Name of Employer n/a Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary 2008 250.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70417.C16939

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) ► **1150.00**

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 / 126
	<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. Lou Vlasho		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 700 Fifth Avenue, South		Transaction ID: 70713.C17243	
City State Zip Code Naples FL 34102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rimaco Co. vice-president			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Joseph Vumbacco		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 314 Pirates Bight		Transaction ID: 70713.C17241	
City State Zip Code Naples FL 34103		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 Occupation Health Management Associa- c.e.o. tes			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. V Lee Vumbacco		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 314 Pirates Bight		Transaction ID: 70713.C17242	
City State Zip Code Naples FL 34103		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 Occupation Homemaker homemaker			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008		Election Cycle-to-Date ▼ 500.00	

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 68 / 126
	<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 Walker

Mailing Address 1205 Lynwood Avenue

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Retina Consultants Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 70713.C17086

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)
Edwin Walmer

Mailing Address 189 Monterey Drive

City State Zip Code
Naples FL 34119-4620

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 200.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2007

Transaction ID: 70713.C17163

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)
Charles Walton

Mailing Address 7241 Orchid Island PI

City State Zip Code
Bradenton FL 34202-2438

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

Name of Employer Wastequip, Inc. Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) Primary 2008

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70713.C17153

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) **800.00**

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 / 126
	<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)
Steven R. West

Mailing Address 15636 Fiddlesticks Blvd

City State Zip Code
Fort Myers FL 33912-3901

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

Name of Employer
Cardiology Consultants of SW F
Occupation
Cardiologist

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17114

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)
Patrick White

Mailing Address 4732 West Blvd.

City State Zip Code
Naples FL 34103

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

Name of Employer
Porter, Wright, Morrist, Arthu
Occupation
attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17254

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)
Randy White

Mailing Address PO Box 486

City State Zip Code
Pineland FL 33945

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

Name of Employer
Self Employed
Occupation
Author

Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 7

Transaction ID: 70713.C17146

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) ► **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 70 / 126
	<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)
Scott Whitney

Mailing Address 22759 Fountain Lakes Blvd.

City State Zip Code
Estero FL 33928

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

Name of Employer Occupation
Bonita Bay Group senior vice president

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: 70713.C17189

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)
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: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2007

Transaction ID: 70713.C17296

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)
Jovan Zepceviski

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 Occupation
Zep Construction, Inc. Bridge Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 70713.C17174

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)	800.00
TOTAL This Period (last page this line number only)	100530.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 126
	(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

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)
Airtran Airways, Inc Pac

Mailing Address 9955 Airtran Blvd

City State Zip Code
Orlando FL 32827

FEC ID number of contributing federal political committee. **C** C00325159

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: 70713.C17213

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)
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: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: 70713.C17089

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)
American Assoc. of Nurse Anesthetists

Mailing Address 412 First Street, SE # 12

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70713.C17311

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)	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 72 / 126
	<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

Full Name (Last, First, Middle Initial) A. American Bankers Assoc. PAC		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
Mailing Address 1120 Connecticut Avenue, N.W.		Transaction ID: 70713.C17257
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) B. American Council of Engineering PAC		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 1015 15th Street NW Suite 802		Transaction ID: 70713.C17215
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	2000.00	

Full Name (Last, First, Middle Initial) C. American Crystal Sugar Co. PAC		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 101 N. 3rd Street		Transaction ID: 70713.C17309
City Moorhead State MN Zip Code 56560	FEC ID number of contributing federal political committee. C C00110338	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	2000.00	

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 73 / 126
(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. American Medical Assoc. PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1101 Vermont Ave., N.W.
12th Floor
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000422
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 7
Transaction ID: 70713.C17090
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. 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: 2008
 Primary General
 Other (specify) ▼
Primary 2008
Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7
Transaction ID: 70713.C17207
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. AT&T Corp. PAC
Full Name (Last, First, Middle Initial)
Mailing Address 175 E Houston St # 7-A-50
City San Antonio State TX Zip Code 78205-2255
FEC ID number of contributing federal political committee. **C** C00185124
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Primary 2008
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7
Transaction ID: 70713.C17251
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 74 / 126 (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) BNSF RAILPAC Mailing Address Attn: Patricia A. Murphy 500 New Jersey Ave, NW City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. C C00235739 Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">2500.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70523.C17049 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">2500.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	0	7												

B. Full Name (Last, First, Middle Initial) Comcast Corporation PAC Mailing Address 1500 Market Street, 35th Fl. City State Zip Code Philadelphia PA 19102 FEC ID number of contributing federal political committee. C C00248716 Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">1000.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70713.C17302 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	7												

C. Full Name (Last, First, Middle Initial) CSX Good Govt. Fund Mailing Address 1331 Pennsylvania Avenue, NW Suite 560 City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">1000.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70713.C17216 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	7		2	0	0	7												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right; width: 150px;">4500.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; text-align: right; width: 150px;"> </div>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 126
	(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)
Edison International Pac

Mailing Address 2244 Walnut Grove, Ave

City State Zip Code
Rosemead CA 91770

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: 70713.C17268

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)
Every Republican is Crucial PAC

Mailing Address 25 E. Main Street, #200

City State Zip Code
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2007

Transaction ID: 70523.C17041

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Freedom & Democracy Fund

Mailing Address 610 S. Boulevard

City State Zip Code
Tampa FL 33606

FEC ID number of contributing federal political committee. **C** C00409987

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2007

Transaction ID: 70713.C17313

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)	8000.00
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 76 / 126
	(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

Full Name (Last, First, Middle Initial) A. General Aviation Manufacturers Ass.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 1400 K Street, NW Suite 201		Transaction ID: 70713.C17312	
City State Zip Code Washington DC 20005		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			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. KochPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 655 15th Street, NW Suite 445		Transaction ID: 70713.C17100	
City State Zip Code Washington DC 20005		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			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) C. KochPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 655 15th Street, NW Suite 445		Transaction ID: 70713.C17308	
City State Zip Code Washington DC 20005		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			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 4500.00	

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: (check only one)	PAGE 77 / 126
	<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

Full Name (Last, First, Middle Initial) A. Lockheed Martin Emp. PAC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 1550 Crystal Drive Crystal Square Two, Suite 300		Transaction ID: 70713.C17267	
City Arlington State VA Zip Code 22202	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00303024		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		
Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) B. Midnight Sun PAC		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007	
Mailing Address 203 Maryland Avenue, N.E.		Transaction ID: 70426.C17007	
City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00345199		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		
Election Cycle-to-Date 5000.00			

Full Name (Last, First, Middle Initial) C. National Air Traffic Controllers Ass PAC		Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2007	
Mailing Address 1325 Massachusetts Ave, NW		Transaction ID: 70523.C17042	
City Washington State DC Zip Code 20005	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	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		
Election Cycle-to-Date 1000.00			

SUBTOTAL of Receipts This Page (optional)	7000.00
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 78 / 126
	(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)
National Community Pharmacists Ass. Pac

Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314-2888

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 06 / 2007

Transaction ID: 70713.C17117

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)
Norfolk Southern Corp PAC

Mailing Address Attn: Bruno Maestri
1500 K Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 02 / 2007

Transaction ID: 70523.C17043

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)
Owner Operator Independent Drivers Assn

Mailing Address 1101 30th Street, NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C17303

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: (check only one)	PAGE 79 / 126
	<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)
Physical Therapy PAC

Mailing Address 1111 N. Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70713.C17162

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)
Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70713.C17234

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)
RJ Reynolds PAC

Mailing Address 1201 F Street, NW Suite 1000

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 70523.C17048

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 80 / 126
	<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

Full Name (Last, First, Middle Initial) A. The Freedom Project		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 111 C Street, S.E. Lower Unit		Transaction ID: 70713.C17210
City Washington State DC Zip Code 20003	FEC ID number of contributing federal political committee. C C00305805	Amount of Each Receipt this Period 3088.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	7186.06	

Full Name (Last, First, Middle Initial) B. Union Pacific PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 600 Thirteenth Street, SW Suite 340		Transaction ID: 70713.C17142
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00010470	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) C. United Parcel Service PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 316 Pennsylvania Avenue, SE Suite 300		Transaction ID: 70713.C17211
City Washington State DC Zip Code 20003	FEC ID number of contributing federal political committee. C C00064766	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	4000.00	

SUBTOTAL of Receipts This Page (optional)	5088.00
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 / 126
	<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)
Universal Music Group

Mailing Address PO Box 560519

City State Zip Code
Charlotte NC 28256-0519

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70713.C17310

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)
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: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2007

Transaction ID: 70417.C16986

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)
Ven-PAC

Mailing Address PO Box 83142

City State Zip Code
MD 20883-3142

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: 70713.C17214

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 82 / 126
	(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)
Washington Mutual PAC

Mailing Address 1215 Fourth Ave, FCB 1620

City	State	Zip Code
Seattle	WA	98161

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

Name of Employer	Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 70713.C17161

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)	▶	46088.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. CITICARDS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 193066

City Columbus State OH Zip Code 43218-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3381
Date of Disbursement
04 / 27 / 2007

Amount of Each Disbursement this Period
962.96

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

CREDIT CARD: SEE BELOW

B. Avis Rent-A-Car

Full Name (Last, First, Middle Initial)
Mailing Address multiple locations

City State Zip Code -

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3410
Date of Disbursement
04 / 27 / 2007

Amount of Each Disbursement this Period
133.86

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

[MEMO ITEM]
MEMO: TRAVEL

C. LaPlaya Beach & Golf Resort

Full Name (Last, First, Middle Initial)
Mailing Address 9891 Gulf Shore Drive

City Naples State FL Zip Code 34108-

Purpose of Disbursement
HOTEL ACCOMODATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3409
Date of Disbursement
04 / 27 / 2007

Amount of Each Disbursement this Period
778.10

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

[MEMO ITEM]
MEMO: HOTEL ACCOMODATIONS

SUBTOTAL of Disbursements This Page (optional)	962.96
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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. Reagan National Airport		Transaction ID: 70523.E3411																					
Mailing Address		Date of Disbursement																					
City State Zip Code		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	2	7	/	2	0	0	7														
Purpose of Disbursement PARKING		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>		51.00																			
51.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc.		Transaction ID: 70417.E3341																					
Mailing Address 16 N. Astor Street		Date of Disbursement																					
City State Zip Code Irvington NY 10533-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	4	/	2	0	0	7														
Purpose of Disbursement POLITICAL CONSULTING FEE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>		4000.00																			
4000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING FEE																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. Arthur J. Finkelstein & Assoc.		Transaction ID: 70523.E3375																					
Mailing Address 16 N. Astor Street		Date of Disbursement																					
City State Zip Code Irvington NY 10533-		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	2	7	/	2	0	0	7														
Purpose of Disbursement POLITICAL CONSULTING FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>		4000.00																			
4000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING FEES																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	8000.00
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. Arthur J. Finkelstein & Assoc.		Transaction ID: 70713.E3461 Date of Disbursement 05 / 31 / 2007	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 2000.00	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<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) ▼	POLITICAL CONSULTING FEE	

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Transaction ID: 70417.E3342 Date of Disbursement 04 / 04 / 2007	
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 75.00	
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement WEBSITE UPDATES	<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) ▼	WEBSITE UPDATES	

Full Name (Last, First, Middle Initial) C. Mr. Rob Jennings		Transaction ID: 70420.E3348 Date of Disbursement 04 / 17 / 2007	
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement FUNDRAISING CONSULTING FEE	<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) ▼	FUNDRAISING CONSULTING FEE	

SUBTOTAL of Disbursements This Page (optional) ▶	3575.00
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. Mr. Rob Jennings		Transaction ID: 70523.E3413 Date of Disbursement 05 / 14 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20001-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUNDRAISING CONSULTANT FEE		
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) ▼	FUNDRAISING CONSULTANT FEE
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Rob Jennings		Transaction ID: 70713.E3425 Date of Disbursement 05 / 31 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20001-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUNDRAISING CONSULTANT FEE		
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) ▼	FUNDRAISING CONSULTANT FEE
State: District:		

Full Name (Last, First, Middle Initial) C. John Stone		Transaction ID: 70523.E3374 Date of Disbursement 04 / 27 / 2007
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00
City Fort Lauderdale	State FL	
Zip Code 33308-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN SERVICES		
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) ▼	CAMPAIGN SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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. Florida Business Information, Inc.		Transaction ID: 70417.E3330 Date of Disbursement 04 / 04 / 2007	
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. Florida Business Information, Inc.		Transaction ID: 70523.E3383 Date of Disbursement 04 / 27 / 2007	
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. Florida Business Information, Inc.		Transaction ID: 70713.E3455 Date of Disbursement 05 / 31 / 2007	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	390.00
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. Charlotte County Republican Club		Transaction ID: 70523.E3384 Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
Mailing Address		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement DINNER TICKET AND ADVERTISEMENT		DINNER TICKET AND ADVERTI- SMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Business Card (formerly Platinum Plus)		Transaction ID: 70417.E3338 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 7499.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: 70523.E3367 Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 107.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7849.00
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. Jasons Deli		Transaction ID: 70523.E3364 Date of Disbursement 04 / 04 / 2007	
Mailing Address 1350 Reflection Pkwy.		Amount of Each Disbursement this Period 45.13	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement MEALS	<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: MEALS	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: 70523.E3361 Date of Disbursement 04 / 04 / 2007	
Mailing Address P. O. Box 36647		Amount of Each Disbursement this Period 239.40	
City Dallas State TX Zip Code 75234-	Purpose of Disbursement AIR TRAVEL EXPENSES	<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: AIR TRAVEL EXPENSES	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70523.E3359 Date of Disbursement 04 / 04 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 3084.10	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement MULTIPLE AIR TRAVEL EXPENSES	<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: MULTIPLE AIR TRAVEL EXPENSES	

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. SonyStyle Pentagon		Transaction ID: 70523.E3362 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1100 So Hayes Street		Amount of Each Disbursement this Period 109.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Purpose of Disbursement COMPUTER EQUIPMENT 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: COMPUTER EQUIPMENT

Full Name (Last, First, Middle Initial) B. Tommy Bahama Cafe		Transaction ID: 70523.E3360 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1220 3rd St S		Amount of Each Disbursement this Period 75.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34102-7202	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) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Champps Americana		Transaction ID: 70523.E3366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 66.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	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) ▼	[MEMO ITEM] MEMO: MEALS

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Business Card (formerly Platinum Plus)		Transaction ID: 70523.E3416 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 1094.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	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. Outback Steakhouse		Transaction ID: 70523.E3395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 12995 S. Cleveland Avenue		Amount of Each Disbursement this Period 71.07 <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		[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) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: 70523.E3396 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P. O. Box 36647		Amount of Each Disbursement this Period 239.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75234-	Category/Type	
Purpose of Disbursement AIR TRAVEL EXPENSES		[MEMO ITEM] MEMO: AIR TRAVEL EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1094.01
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

A. ABC Limo Services

Full Name (Last, First, Middle Initial)
ABC Limo Services

Mailing Address 5278 Kestrel Crossing Dr

City Alexandria State VA Zip Code 22312-3988

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3398
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: TRAVEL

B. BWI Parking Garage

Full Name (Last, First, Middle Initial)
BWI Parking Garage

Mailing Address BWI Airport

City State Zip Code

Purpose of Disbursement PARKING- TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3394
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: PARKING- TRAVEL EXPENSE

C. Cingular Wireless

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement CELL PHONE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70523.E3399
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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: 70523.E3402 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 349.50
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 CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL 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. Red Hot & Blue		Transaction ID: 70523.E3400 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1600 Wilson Blvd.		Amount of Each Disbursement this Period 55.14
City Arlington State VA Zip Code 22209-	<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. Business Card (formerly Platinum Plus)		Transaction ID: 70523.E3417 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 372.17
City Wilmington State DE Zip Code 19886-5710	<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) ▶	372.17
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. Smokey Bones		Transaction ID: 70523.E3404 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 13731 S. Tamiami Trail		Amount of Each Disbursement this Period 29.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
City Fort Myers	State FL		Zip Code 33912-
Purpose of Disbursement MEALS			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Houstons Restaurant		Transaction ID: 70523.E3403 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address multiple locations		Amount of Each Disbursement this Period 142.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
City	State		Zip Code
Purpose of Disbursement MEALS			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Business Card (formerly Platinum Plus)		Transaction ID: 70523.E3386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 4467.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW	
City Wilmington	State DE		Zip Code 19886-5710
Purpose of Disbursement CREDIT CARD: SEE BELOW			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4467.80
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)

<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. Best Buy		Transaction ID: 70713.E3509 Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 159.00
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE EQUIPMENT

Full Name (Last, First, Middle Initial) B. Collier County REC		Transaction ID: 70523.E3389 Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 200.00
City Naples State FL Zip Code 34101-	Purpose of Disbursement EVENT/CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT/CONTRIBUTION

Full Name (Last, First, Middle Initial) C. LaPlaya Beach & Golf Resort		Transaction ID: 70523.E3391 Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
Mailing Address 9891 Gulf Shore Drive		Amount of Each Disbursement this Period 788.68
City Naples State FL Zip Code 34108-	Purpose of Disbursement HOTEL ACCOMODATIONS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: HOTEL ACCOMODATIONS

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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. French Roast Cafe		Transaction ID: 70713.E3515 Date of Disbursement 04 / 27 / 2007	
Mailing Address		Amount of Each Disbursement this Period	
City: Fort Myers State: FL Zip Code: 33907-		303.06	
Purpose of Disbursement: MEALS Candidate Name:		<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:		[MEMO ITEM] MEMO: MEALS	
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: 70713.E3527 Date of Disbursement 04 / 27 / 2007	
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period	
City: Washington State: DC Zip Code: 20003-		1498.27	
Purpose of Disbursement: FUNDRAISING EVENT Candidate Name:		<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:		[MEMO ITEM] MEMO: FUNDRAISING EVENT	
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: 70523.E3393 Date of Disbursement 04 / 27 / 2007	
Mailing Address PO Box 31488		Amount of Each Disbursement this Period	
City: Tampa State: FL Zip Code: 33631-3488		608.98	
Purpose of Disbursement: CELL PHONE Candidate Name:		<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:		[MEMO ITEM] MEMO: CELL PHONE	
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)
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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. US Airways		Transaction ID: 70713.E3512 Date of Disbursement 04 / 27 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 267.40	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<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: AIR TRAVEL	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70713.E3514 Date of Disbursement 04 / 27 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 277.80	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<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: AIR TRAVEL	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70713.E3510 Date of Disbursement 04 / 27 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 267.40	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<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: AIR TRAVEL	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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. US Airways		Transaction ID: 70523.E3388 Date of Disbursement 04 / 27 / 2007
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 AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR 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) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70713.E3513 Date of Disbursement 04 / 27 / 2007
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 277.80
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 AIR TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIR 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) ▼	

Full Name (Last, First, Middle Initial) C. US House of Rep. Gift Shop		Transaction ID: 70713.E3521 Date of Disbursement 04 / 27 / 2007
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 175.86
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS FROM CAMPAIGN	Candidate Name	[MEMO ITEM] MEMO: GIFTS FROM CAMPAIGN
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. US House of Rep. Gift Shop		Transaction ID: 70713.E3522 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 139.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement GIFTS FROM CAMPAIGN Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GIFTS FROM CAMPAIGN

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70713.E3524 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 12.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code -	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) C. CVS Pharmacy		Transaction ID: 70713.E3523 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 661 Pennsylvania Ave SE		Amount of Each Disbursement this Period 33.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4303	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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. Business Card (formerly Platinum Plus)		Transaction ID: 70713.E3431 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 231.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	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. Cabbage Key, Inc.		Transaction ID: 70713.E3432 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 200		Amount of Each Disbursement this Period 180.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pineland State FL Zip Code 33945-0200	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) ▼	

Full Name (Last, First, Middle Initial) C. Cabbage Key, Inc.		Transaction ID: 70713.E3433 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 200		Amount of Each Disbursement this Period 136.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pineland State FL Zip Code 33945-0200	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) ▶	231.44
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. Business Card (formerly Platinum Plus)		Transaction ID: 70713.E3441 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 3183.88
City Wilmington State DE Zip Code 19886-5710	<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) B. Old Ebbitt Grill		Transaction ID: 70713.E3450 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 675 15th Street, N.W.		Amount of Each Disbursement this Period 34.94
City Washington State DC Zip Code 20005-	<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. Office Max		Transaction ID: 70713.E3508 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 42.39
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	[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) ▶	3183.88
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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 Airlines		Transaction ID: 70713.E3442 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 36647		Amount of Each Disbursement this Period 494.80
City Dallas State TX Zip Code 75234-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[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) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70713.E3507 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 124.49
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 CELL PHONE Candidate Name	Category/Type	[MEMO ITEM] MEMO: CELL 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) C. Verizon Wireless		Transaction ID: 70713.E3445 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 208.99
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE Candidate Name	Category/Type	[MEMO ITEM] MEMO: CELL 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) ▼	

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. Filomena Restaurant		Transaction ID: 70713.E3447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1063 Wisconson Ave, NW		Amount of Each Disbursement this Period 567.45
City Washington State DC Zip Code 20007-	<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. Business Card (formerly Platinum Plus)		Transaction ID: 70713.E3437 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 214.00
City Wilmington State DE Zip Code 19886-5710	<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. USPS		Transaction ID: 70713.E3438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 156.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE Candidate Name	Category/Type	[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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	214.00
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)

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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. USPS		Transaction ID: 70713.E3440	
Mailing Address multiple locations		Date of Disbursement 05 / 31 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period 78.00
Purpose of Disbursement POSTAGE		<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) ▼		
State: District:	[MEMO ITEM] MEMO: POSTAGE		

Full Name (Last, First, Middle Initial) B. Business Card (formerly Platinum Plus)		Transaction ID: 70713.E3496	
Mailing Address PO Box 15710		Date of Disbursement 06 / 29 / 2007	
City Wilmington	State DE	Zip Code 19886-5710	Amount of Each Disbursement this Period 29.00
Purpose of Disbursement CREDIT CARD FEE		<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) ▼		
State: District:	CREDIT CARD FEE		

Full Name (Last, First, Middle Initial) C. Stan Lindsey Photography, Inc		Transaction ID: 70713.E3427	
Mailing Address 4985 Tallowood Way		Date of Disbursement 06 / 08 / 2007	
City Naples	State FL	Zip Code 34116-	Amount of Each Disbursement this Period 1277.50
Purpose of Disbursement PHOTO SESSION		<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) ▼		
State: District:	PHOTO SESSION		

SUBTOTAL of Disbursements This Page (optional)	1306.50
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)

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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. Arent Fox LLP		Transaction ID: 70417.E3334	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 04 / 04 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 4371.20
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL SERV- ICES
State: District:			

Full Name (Last, First, Middle Initial) B. Arent Fox LLP		Transaction ID: 70523.E3376	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 04 / 27 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 4124.50
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL SERV- ICES
State: District:			

Full Name (Last, First, Middle Initial) C. Arent Fox LLP		Transaction ID: 70713.E3444	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 06 / 12 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 2290.00
Purpose of Disbursement ACCOUNTING AND LEGAL FEES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL FEES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	10785.70
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. Arent Fox LLP		Transaction ID: 70713.E3501 Date of Disbursement 06 / 29 / 2007	
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 3619.00	
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement LEGAL AND ACCOUNTING SERVICES	<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) ▼	LEGAL AND ACCOUNTING SERVICES	

Full Name (Last, First, Middle Initial) B. Aristotle International		Transaction ID: 70713.E3502 Date of Disbursement 06 / 29 / 2007	
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2100.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DATABASE #2 OF 8	<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) ▼	DATABASE #2 OF 8	

Full Name (Last, First, Middle Initial) C. Capital One		Transaction ID: 70417.E3339 Date of Disbursement 04 / 04 / 2007	
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 760.26	
City City Of Industry State CA Zip Code 91716-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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) ▼	CREDIT CARD: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	6479.26
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Collier County REC Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 7367 City Naples State FL Zip Code 34101- Purpose of Disbursement COLLIER LINCOLN DAY DINNER 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: 70523.E3355 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COLLIER LINCOLN DAY DINNER
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B. LaPlaya Beach & Golf Resort Full Name (Last, First, Middle Initial) Mailing Address 9891 Gulf Shore Drive City Naples State FL Zip Code 34108- Purpose of Disbursement PARKING 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: 70523.E3353 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING
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C. Lee County Republicans Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 61465 City Fort Myers State FL Zip Code 33906- 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: 70523.E3354 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 16.00 <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. Alice Sweetwaters		Transaction ID: 70523.E3357 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1996 Airport Road, S		Amount of Each Disbursement this Period 59.00
City Naples State FL Zip Code 34112-	<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) B. Alice Sweetwaters		Transaction ID: 70523.E3358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1996 Airport Road, S		Amount of Each Disbursement this Period 66.02
City Naples State FL Zip Code 34112-	<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. Embassy Suites Hotels		Transaction ID: 70523.E3352 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1100 SE 17th Street Causeway		Amount of Each Disbursement this Period 75.00
City Fort Lauderdale State FL Zip Code 33316-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING W/ LEE COUNTY REPUBLICANS	Candidate Name	[MEMO ITEM] MEMO: MEETING W/ LEE COUNTY REPUBLICANS
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)
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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 One		Transaction ID: 70713.E3420 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1575.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code City Of Industry CA 91716-	Purpose of Disbursement TRAVEL EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) B. Capital One		Transaction ID: 70713.E3463 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 143.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code City Of Industry CA 91716-	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. Capital One		Transaction ID: 70713.E3466 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1281.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code City Of Industry CA 91716-	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	3000.27
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. Hogbodys Bar & Grill		Transaction ID: 70713.E3468 Date of Disbursement 06 / 13 / 2007	
Mailing Address 1103 S. Del Prado Blvd.		Amount of Each Disbursement this Period 81.00	
City Cape Coral State FL Zip Code 33990-	Purpose of Disbursement MEALS	<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: MEALS	

Full Name (Last, First, Middle Initial) B. Ms. Kara Moore		Transaction ID: 70713.E3495 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Ave., #318 PMB 3		Amount of Each Disbursement this Period 34.00	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement MEALS	<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: MEALS	

Full Name (Last, First, Middle Initial) C. Ms. Kara Moore		Transaction ID: 70713.E3492 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Ave., #318 PMB 3		Amount of Each Disbursement this Period 177.03	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement MILEAGE	<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: MILEAGE	

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)
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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. TGI Fridays		Transaction ID: 70713.E3475 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address Various Locations		Amount of Each Disbursement this Period 45.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Category/ Type	[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) ▼	

Full Name (Last, First, Middle Initial) B. Lee County Republicans		Transaction ID: 70713.E3485 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 250.00
City State Zip Code Fort Myers FL 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LINCOLN DAY DINNER TICKETS	Category/ Type	[MEMO ITEM] MEMO: LINCOLN DAY DINNER TICKETS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lee County Republicans		Transaction ID: 70713.E3482 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 150.00
City State Zip Code Fort Myers FL 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TICKET	Category/ Type	[MEMO ITEM] MEMO: EVENT TICKET
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) ▶	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. Lee County Republicans		Transaction ID: 70713.E3481 Date of Disbursement 06 / 13 / 2007	
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 20.00	
City Fort Myers State FL Zip Code 33906-	Purpose of Disbursement BREAKFAST 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: BREAKFAST EVENT	

Full Name (Last, First, Middle Initial) B. Target		Transaction ID: 70713.E3470 Date of Disbursement 06 / 13 / 2007	
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 25.00	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement GIFT CARDS FOR BIRTHDAYS	<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: GIFT CARDS FOR BIRTHDAYS	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 70713.E3477 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 37.38	
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	

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. Office Max		Transaction ID: 70713.E3472 Date of Disbursement 06 / 13 / 2007
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 131.41
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) ▼	

Full Name (Last, First, Middle Initial) B. Party City		Transaction ID: 70713.E3473 Date of Disbursement 06 / 13 / 2007
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 13.31
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 SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: 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. Party City		Transaction ID: 70713.E3474 Date of Disbursement 06 / 13 / 2007
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 48.60
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 SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: 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**

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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: 70417.E3332 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 340.40
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 CELL PHONE	Candidate Name	CELL 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. Cingular Wireless		Transaction ID: 70523.E3378 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 539.61
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 CELL PHONE	Candidate Name	CELL 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) C. Cingular Wireless		Transaction ID: 70713.E3429 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 609.60
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 CELL PHONE	Candidate Name	CELL 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1489.61
TOTAL This Period (last page this line number only) ▶

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

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Detailed Summary Page

FOR LINE NUMBER:
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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: 70713.E3500 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 584.07
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 CELL PHONE	Candidate Name	CELL 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. Line 1 Communications		Transaction ID: 70417.E3337 Date of Disbursement 04 / 04 / 2007
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 354.24
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 FAX/EMAIL SERVICES	Candidate Name	FAX/EMAIL SERVICES
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: 70523.E3380 Date of Disbursement 04 / 27 / 2007
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 354.24
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 FAX/EMAIL SERVICES	Candidate Name	FAX/EMAIL SERVICES
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) ▶	1292.55
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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. SCM Associates, Inc.		Transaction ID: 70417.E3335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 3751.49
City Dublin State NH Zip Code 03444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL AND TELEMARKETING	
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		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. SCM Associates, Inc.		Transaction ID: 70713.E3443 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 6311.52
City Dublin State NH Zip Code 03444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL AND TELEMARKETING	
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		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. Southwest Direct		Transaction ID: 70417.E3336 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 3132.69
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 DIRECT MAIL SERVICES	
Purpose of Disbursement DIRECT MAIL SERVICES		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) ▶	13195.70
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. Southwest Direct		Transaction ID: 70523.E3412 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 595.00
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 MAIL SERVICES		DIRECT MAIL SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Direct		Transaction ID: 70713.E3456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 669.17
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 MAIL SERVICES		DIRECT MAIL SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Direct		Transaction ID: 70713.E3424 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 730.62
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 MAIL SERVICES		DIRECT MAIL SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1994.79
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. Southwest Direct		Transaction ID: 70713.E3428 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 203.04	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement DIRECT MAIL SERVICES	<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) ▼	DIRECT MAIL SERVICES	

Full Name (Last, First, Middle Initial) B. Southwest Direct		Transaction ID: 70713.E3426 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 375.48	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement DIRECT MAIL SERVICES	<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) ▼	DIRECT MAIL SERVICES	

Full Name (Last, First, Middle Initial) C. Southwest Direct		Transaction ID: 70713.E3517 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 142.13	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement DIRECT MAIL SERVICES	<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) ▼	DIRECT MAIL SERVICES	

SUBTOTAL of Disbursements This Page (optional) ▶	720.65
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. Sprint - Embarq		Transaction ID: 70417.E3333	
Mailing Address P.O. Box 740602		Date of Disbursement 04 / 04 / 2007	
City Cincinnati	State OH	Zip Code 45274-	Amount of Each Disbursement this Period 72.38
Purpose of Disbursement TELEPHONE	Candidate Name		<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) ▼		
State: District:	Category/ Type		TELEPHONE

Full Name (Last, First, Middle Initial) B. Sprint - Embarq		Transaction ID: 70523.E3382	
Mailing Address P.O. Box 740602		Date of Disbursement 04 / 27 / 2007	
City Cincinnati	State OH	Zip Code 45274-	Amount of Each Disbursement this Period 72.83
Purpose of Disbursement TELEPHONE	Candidate Name		<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) ▼		
State: District:	Category/ Type		TELEPHONE

Full Name (Last, First, Middle Initial) C. Sprint - Embarq		Transaction ID: 70713.E3498	
Mailing Address P.O. Box 740602		Date of Disbursement 05 / 31 / 2007	
City Cincinnati	State OH	Zip Code 45274-	Amount of Each Disbursement this Period 72.68
Purpose of Disbursement TELEPHONE	Candidate Name		<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) ▼		
State: District:	Category/ Type		TELEPHONE

SUBTOTAL of Disbursements This Page (optional)	217.89
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. Sprint - Embarq		Transaction ID: 70713.E3503 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.68	
City Cincinnati State OH Zip Code 45274-	Purpose of Disbursement TELEPHONE 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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
TELEPHONE			

Full Name (Last, First, Middle Initial) B. Stone Group, LLC		Transaction ID: 70417.E3340 Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2007	
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00	
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN CONSULTING FEES 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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
CAMPAIGN CONSULTING FEES			

Full Name (Last, First, Middle Initial) C. Stone Group, LLC		Transaction ID: 70713.E3462 Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 2000.00	
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING FEES 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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
CAMPAIGN/FUNDRAISING FEES			

SUBTOTAL of Disbursements This Page (optional) ▶	7072.68
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. SunTrust Credit Card		Transaction ID: 70417.E3343 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 1287.56
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		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) B. Bonita Springs Self Storage		Transaction ID: 70417.E3344 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
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) C. Capitol Hill Club		Transaction ID: 70417.E3347 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 836.95
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 FUNDRAISING EVENT Candidate Name		[MEMO ITEM] MEMO: FUNDRAISING EVENT
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) ▶	1287.56
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70417.E3345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 166.30
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 CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL 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. Verizon Wireless		Transaction ID: 70417.E3346 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL 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) C. SunTrust Credit Card		Transaction ID: 70523.E3377 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 406.15
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	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) ▶	406.15
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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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. Bonita Springs Self Storage		Transaction ID: 70523.E3406 Date of Disbursement 04 / 27 / 2007
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70523.E3407 Date of Disbursement 04 / 27 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 121.52
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70523.E3408 Date of Disbursement 04 / 27 / 2007
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.69
City Arlington State VA Zip Code 22201-	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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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. SunTrust Credit Card		Transaction ID: 70713.E3457 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 356.53
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	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) B. Bonita Springs Self Storage		Transaction ID: 70713.E3458 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
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) C. Cingular Wireless		Transaction ID: 70713.E3459 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 121.69
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 CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	356.53
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. Verizon Wireless		Transaction ID: 70713.E3460 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 76.90
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	[MEMO ITEM] MEMO: CELL 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. The UPS Store		Transaction ID: 70713.E3516 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 5100 S. Cleveland Avenue, #318		Amount of Each Disbursement this Period 126.00
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 FLORIDA BOX RENEWAL	Candidate Name	FLORIDA BOX RENEWAL
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. USPS		Transaction ID: 70523.E3418 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 47.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DC PO BOX RENEWAL	Candidate Name	DC PO BOX RENEWAL
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) ▶	173.00
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. Yuma Solutions, Inc.		Transaction ID: 70417.E3331 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 768.50
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER MAINTENANCE	Candidate Name	COMPUTER MAINTENANCE
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. Yuma Solutions, Inc.		Transaction ID: 70523.E3379 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 487.25
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTED EXCHANGE & BLACKBERRY SERVI	Candidate Name	HOSTED EXCHANGE & BLACKBERRY SERVI
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. Yuma Solutions, Inc.		Transaction ID: 70713.E3430 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 479.50
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE COMPUTER MAINTE	Candidate Name	BLACKBERRY SERVICE COMPUT-ER MAINTE
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) ▶	1735.25
TOTAL This Period (last page this line number only) ▶	88854.35