

**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 60004

Check if different than previously reported. (ACC)

Ft Myers

FL

33906

2. **FEC IDENTIFICATION NUMBER**

C00391243

CITY

STATE

ZIP CODE

STATE DISTRICT

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

FL 14

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 01 2005 through 09 30 2005

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 Peter L. Girardin

Signature of Treasurer Electronically Filed by Peter L. Girardin Date 10 14 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From: ^M 07 ^M 01 ^Y 2005 ^Y To: ^V 09 ^M 30 ^Y 2005 ^Y

	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(a)).....	26905.00	468084.70
(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)).....	26905.00	468084.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	119889.31	399590.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	586.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	119889.31	399004.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	207052.74	
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).....	3650.00	

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 02/2005)

Page 3

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From: ^{M M} 07 ^{Y Y} 01 ^{V V} 2005 To: ^{V M} 09 ^{Y Y} 30 ^{V V} 2005

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).....	21900.00	315981.70
(ii) Unitemized.....	505.00	34703.50
(iii) TOTAL of contributions from Individuals..... ▶	22405.00	350685.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	4500.00	117419.50
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	26905.00	468084.70
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	586.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	116.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26905.00	468787.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	119889.31	399590.70
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	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	119889.31	404590.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	300037.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	26905.00
25. SUBTOTAL (add Line 23 and Line 24).....	326942.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119889.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	207052.74

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. AGC POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 333 John Carlyle St Ste 200 STUITE 200		Transaction ID: 51014.C14315
City Alexandria	State VA	Zip Code 22314-5770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BellSouth Employees Federal PAC		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 150 S. Monroe Street, #400		Transaction ID: 51014.C14320
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C CD0174080		Amount of Each Receipt this Period 1000.00
Name of Employer BellSouth	Occupation Vice President/Public Affairs	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Darden Rest. Inc. Emp. Good Govt. Fund		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 5900 Lake Ellenor Drive P.O. Box 593330		Transaction ID: 51014.C14327
City Orlando	State FL	Zip Code 32809
FEC ID number of contributing federal political committee. C CD0108282		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 6 / 56

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Mary Bush		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address P. O. Box 1548		Transaction ID: 51014.C14318
City Hobe Sound	State FL	Zip Code 33475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Mary Bush		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address P. O. Box 1548		Transaction ID: 51014.C14317
City Hobe Sound	State FL	Zip Code 33475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2850.00	

Full Name (Last, First, Middle Initial) C. Donald Capocella		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 47 Great Jones St		Transaction ID: 51014.C14319
City New York	State NY	Zip Code 10012-1118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Michael Caridi		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 340 Stagg Street		Transaction ID: 50712.C14275
City Brooklyn	State NY	Zip Code 11206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SRC Industries	Occupation owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Pat Corrigan		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address P. O. Box 680068		Transaction ID: 50712.C14274
City Vero Beach	State FL	Zip Code 32969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation grower/rancher	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Blane Crandall		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 777 WEDGE Drive		Transaction ID: 50908.C14286
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blane Crandall, M.D., P.A.	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 56

(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

Full Name (Last, First, Middle Initial) A. Alan Dimmit		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 2963 Gilford Way		Transaction ID: 50712.C14273
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Liberty Youth Ranch, Inc.	Occupation executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Robert Dale		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 700 New Hampshire Ave., N.W.		Transaction ID: 50712.C14272
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alston & Bird	Occupation special counsel	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Edward Droste		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 107 Hampton Road		Transaction ID: 50908.C14300
City Clearwater	State FL	Zip Code 33759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Provident Companies	Occupation president	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Henry Frantzen		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 889 Gulf Shore Blvd. N		Transaction ID: 50906.C14298
City Naples	State FL	Zip Code 34102-5552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Steven Fries		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 7253 Pelas Circle		Transaction ID: 50906.C14279
City Fort Myers	State FL	Zip Code 33917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. George Gibbs		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 8500 Heckscher Drive		Transaction ID: 50906.C14281
City Jacksonville	State FL	Zip Code 32228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Atlantic Marine, Inc.	ship builder	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56
(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

Full Name (Last, First, Middle Initial) A. Roger Gregory		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address P.O. Box 2521		Transaction ID: 50906.C14299
City Naples	State FL	Zip Code 34106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Caswell Holloway		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 18465 S.E. Village Circle		Transaction ID: 50906.C14297
City Jupiter	State FL	Zip Code 33469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested Josam Co.	Occupation Information Requested executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jennifer Home		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 9100 Southmont Cove No. 304		Transaction ID: 50906.C14282
City Fort Myers	State FL	Zip Code 33508-6284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Mary Katin		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14903
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Michael Katin		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14901
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1850.00
Name of Employer Radiation Therapy Associates	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Michael Katin		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14902
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Radiation Therapy Associates	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

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 12 / 56
 (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

Full Name (Last, First, Middle Initial) A. Raymond Kordonow		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 5475 Chablis Lane		Transaction ID: 50906.C14280
City Fort Myers	State FL	Zip Code 33919-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. James McKee		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 350 Sedgwick Court		Transaction ID: 51014.C14313
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer retired	Occupation retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Ann McQuinn		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 1551 Gulf Shore Blvd., S.		Transaction ID: 51014.C14324
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer QuinStar Investment Partners	Occupation c.e.o.	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 13 / 56
(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

Full Name (Last, First, Middle Initial) A. Eddie Neese		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 12881 Metro Parkway		Transaction ID: 50906.C14283
City Fort Myers	State FL	Zip Code 33912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Geoffrey Raepstorf		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 1287 Isabel Drive		Transaction ID: 50906.C14282
City Sanibel	State FL	Zip Code 33957
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested Edison National Bank Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Information Requested C.E.O. Election Cycle-to-Date ▼ 1500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. John Roseman		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 80 Bay Colony Lane		Transaction ID: 50712.C14271
City Fort Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested self-employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Information Requested investor Election Cycle-to-Date ▼ 2000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(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: PAGE 14 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Charles Salisbury		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 1285 Gulf Shore Blvd. N		Transaction ID: 50906.C14293
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation investments	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Heyward Staring		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 10090 Valiant Court Apt. 201		Transaction ID: 50906.C14284
City Fort Myers	State FL	Zip Code 33913-8942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dora Wadel		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 4050 Sea Oats Lane		Transaction ID: 50906.C14278
City Naples	State FL	Zip Code 34112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 56
 (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

Full Name (Last, First, Middle Initial) A. Heather Williams		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 383B Tamiami Trail, N.		Transaction ID: 50906.C14904
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Robert Zimmerman		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 170B Venezia Way		Transaction ID: 51014.C14921
City Naples	State FL	Zip Code 34105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer retired Receipt For: 2006 X Primary General Other (specify) ▼	Occupation retired Election Cycle-to-Date ▼ 400.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	21900.00

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. NRCC Incumbent Fund

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
INCUMBENT SUPPORT FUND

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50908.E2328
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

6000.00

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

INCUMBENT SUPPORT FUND

Full Name (Last, First, Middle Initial)
B. Bellsouth

Mailing Address P. O. Box 1262

City Charlotte State NC Zip Code 28201-

Purpose of Disbursement
TELEPHONE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50713.E2281
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

497.85

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

TELEPHONE

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

Mailing Address P. O. Box 1548

City Hobe Sound State FL Zip Code 33475-

Purpose of Disbursement
NSF - DEPOSIT

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2459
Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

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

NSF - DEPOSIT

SUBTOTAL of Disbursements This Page (optional) ▶

7497.85

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Jeff Cohen

Mailing Address 317 CANNON BUILDING

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
CELLULAR [SEE BELOW]

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2477
Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

489.72

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

CELLULAR [SEE BELOW]

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
CELLULAR

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2478
Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

489.72

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

[MEMO ITEM]
MEMO: CELLULAR

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

Mailing Address 13280 Corbel Circle, #1B22

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2370
Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

472.48

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

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

962.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. 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
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50906.E2371

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

472.48

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)

B. Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50713.E2287

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

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

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)

C. Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50713.E2286

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

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

POLITICAL CONSULTING

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)

PAGE 19 / 56

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

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2338
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

7397.05

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

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)
B. Florida U.C. Fund

Mailing Address 5050 W. Tennessee Street

City Tallahassee State FL Zip Code 32300-

Purpose of Disbursement
PAYROLL TAXES/PENALTY

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2437
Date of Disbursement

08 / 28 / 2005

Amount of Each Disbursement this Period

75.00

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

PAYROLL TAXES/PENALTY

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

Mailing Address 2025 SE 28 Avenue

City Fort Lauderdale State FL Zip Code 33318-

Purpose of Disbursement
EVENT COST

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2418
Date of Disbursement

08 / 21 / 2005

Amount of Each Disbursement this Period

2005.88

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

EVENT COST

SUBTOTAL of Disbursements This Page (optional) ▶

9477.94

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Keelen Communications

Mailing Address P. O. Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
PAC FUNDRAISING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50713.E2288

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2920.00

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

PAC FUNDRAISING

Full Name (Last, First, Middle Initial)

B. Connie Mack

Mailing Address 3604 Oakland Drive

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2323

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1692.07

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

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Double Tree Guest Suites

Mailing Address 1717 N. Bayshore Drive

City Miami State FL Zip Code 33132-

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2325

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

134.47

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

[MEMO ITEM]
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

4612.07

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 56

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Cato Travel

Mailing Address 1800 N. Kent Street
Suite 95D

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2326

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

398.40

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2324

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1158.20

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

C. Connie Mack

Mailing Address 3804 Oakland Drive

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement
REIMBURSEMENT : SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2422

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

317.98

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

REIMBURSEMENT : SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

317.99

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. 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
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/
 Type

Transaction ID: 51014.E2424

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

317.99

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)

B. Mr. Michael J. Miller

Mailing Address 375 Sylvan Drive

City Winter Park State FL Zip Code 32780-

Purpose of Disbursement
 REIMBURSEMENT: SEE BELOW

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50906.E2357

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

4031.39

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

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Mrs. Gretchen Adent Picotte

Mailing Address P.O. Box 536808

City Orlando State FL Zip Code 32853-

Purpose of Disbursement
 REIMBURSEMENT: SEE BELOW

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50906.E2318

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

3610.25

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

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

7641.64

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 56

<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Atlas Limousine

Mailing Address 8624 Western Oak Drive

City Springfield State VA Zip Code 22153-

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2321

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

858.00

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

B. Capitol Yacht Charters

Mailing Address PO Box 70576

City Washington State DC Zip Code 20024-

Purpose of Disbursement
CATERING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2322

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

450.00

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

[MEMO ITEM]
MEMO: CATERING

Full Name (Last, First, Middle Initial)

C. Hyatt Regency Coconut Point

Mailing Address 5001 Coconut Road

City Bonita Springs State FL Zip Code 34134-

Purpose of Disbursement
CATERING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2320

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

2261.62

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

[MEMO ITEM]
MEMO: CATERING

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Mrs. Gretchen Adent Picotte

Mailing Address P.O. Box 536606

City Orlando State FL Zip Code 32853-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

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

Category/
Type

Transaction ID: 50906.E2379
Date of Disbursement

08 / 25 / 2005

Amount of Each Disbursement this Period

78.00

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

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)
B. Ted Poe for Congress

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77347-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Category/
Type

Transaction ID: 51014.E2475
Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

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

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Advocacy Consulting

Mailing Address 605 E. Robinson Street
Suite 230

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

Category/
Type

Transaction ID: 50713.E2293
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

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

FINANCE CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

6078.00

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Advocacy Consulting

Mailing Address 605 E. Robinson Street
Suite 23D

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2329

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

5000.00

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

FINANCE CONSULTING

Full Name (Last, First, Middle Initial)

B. Advocacy Consulting

Mailing Address 605 E. Robinson Street
Suite 23D

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2343

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

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

FINANCE CONSULTING

Full Name (Last, First, Middle Initial)

C. Bank of America- Visa

Mailing Address P.O. Box 5270

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2346

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

2078.13

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

12078.13

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

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

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20016-

Purpose of Disbursement
 MEALS

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2349
 Date of Disbursement
 08 / 08 / 2005

Amount of Each Disbursement this Period
 86.63

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

[MEMO ITEM]
 MEMO: MEALS

Full Name (Last, First, Middle Initial)
B. Royal Palm Yacht Club

Mailing Address 2360 W. First Street

City Fort Myers State FL Zip Code 33601-

Purpose of Disbursement
 EVENT

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2350
 Date of Disbursement
 08 / 08 / 2005

Amount of Each Disbursement this Period
 1810.11

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

[MEMO ITEM]
 MEMO: EVENT

Full Name (Last, First, Middle Initial)
C. Bellwether Consulting Group

Mailing Address B15 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 JUNE CONSULTING FEE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2327
 Date of Disbursement
 07 / 14 / 2005

Amount of Each Disbursement this Period
 2925.67

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

JUNE CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ► **2925.67**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
 Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 JULY CONSULTING FEE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2336
 Date of Disbursement
 08 / 08 / 2005

Amount of Each Disbursement this Period
 2000.00

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

JULY CONSULTING FEE

B. Full Name (Last, First, Middle Initial)
 Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 1ST QUARTER COMMISSION

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2337
 Date of Disbursement
 08 / 08 / 2005

Amount of Each Disbursement this Period
 3550.00

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

1ST QUARTER COMMISSION

C. Full Name (Last, First, Middle Initial)
 Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 AUGUST CONSULTING FEE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2381
 Date of Disbursement
 08 / 25 / 2005

Amount of Each Disbursement this Period
 2180.72

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

AUGUST CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶ **7740.72**

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Bruce Kyle Campaign Vendor

Mailing Address 1423 Sandra Dr

City State Zip Code
Fort Myers FL 33901-5833

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2420
Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

500.00

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

CAMPAIGN CONTRIBUTION

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

Mailing Address 300 First Street, S.E.

City State Zip Code
Washington DC 20003-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2333
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

1380.53

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

MEALS

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

Mailing Address 300 First Street, S.E.

City State Zip Code
Washington DC 20003-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2425
Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1015.88

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

MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

2896.42

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Card Member Services - WorldPerks Visa

Mailing Address P.O. Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement
 CREDIT CARD: SEE BELOW

Candidate Name

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

Category/
 Type

Transaction ID: 50713.E2294
 Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1427.75

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

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)
B. Iguana Mia

Mailing Address 4329 Cleveland Avenue

City Fort Myers State FL Zip Code 33904-

Purpose of Disbursement
 MEALS

Candidate Name

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

Category/
 Type

Transaction ID: 50906.E2900
 Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

94.01

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

[MEMO ITEM]
 MEMO: MEALS

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

Mailing Address 5025 Cleveland Ave.

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement
 EVENT SUPPLIES

Candidate Name

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

Category/
 Type

Transaction ID: 50906.E2909
 Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

319.85

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

[MEMO ITEM]
 MEMO: EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

1427.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address 13711 S. Tamiami Trail

City State Zip Code
Fort Myers FL 33912-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

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

Category/
Type

Transaction ID: 50906.E2305
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5.50

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Wholesale Screen & Printing

Mailing Address 3584 Mercantile Avenue

City State Zip Code
Naples FL 34104-

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

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

Category/
Type

Transaction ID: 50906.E2314
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

460.77

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

[MEMO ITEM]
MEMO: EVENT SUPPLIES

Full Name (Last, First, Middle Initial)

C. Card Member Services - WorldPerks Visa

Mailing Address P.O. Box 780408

City State Zip Code
Saint Louis MO 63179-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

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

Category/
Type

Transaction ID: 50906.E2351
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

2198.58

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

2198.58

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:
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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Collier Athletic Club

Mailing Address 710 Goodlette Road

City Naples State FL Zip Code 34102

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 50906.E2353

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

2034.97

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

[MEMO ITEM]
MEMO: CATERING

Full Name (Last, First, Middle Initial)

B. Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
CM CELL PHONE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 50713.E2291

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

420.92

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

CM CELL PHONE

Full Name (Last, First, Middle Initial)

C. 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) ▼

Category/
Type

Transaction ID: 50906.E2335

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

428.48

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

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

849.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. 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
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 51014.E2435

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

45.30

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

CELL PHONE

Full Name (Last, First, Middle Initial)

B. 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
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 51014.E2440

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

106.00

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

CELL PHONE

Full Name (Last, First, Middle Initial)

C. The Donatelli Group

Mailing Address 118 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
ONLINE FUNDRAISING FEE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2317

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

5.50

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

ONLINE FUNDRAISING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

156.89

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
DELIVERY

Candidate Name

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

Category/
Type

Transaction ID: 50713.E2284

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

147.78

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

DELIVERY

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
DELIVERY

Candidate Name

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

Category/
Type

Transaction ID: 50713.E2283

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

66.10

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

DELIVERY

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
DELIVERY

Candidate Name

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

Category/
Type

Transaction ID: 50906.E2932

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

28.51

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

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶

243.39

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
 DELIVERY

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50908.E2340

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

145.45

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

DELIVERY

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
 DELIVERY

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 51014.E2428

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

29.48

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

DELIVERY

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
 DELIVERY

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 51014.E2436

Date of Disbursement

08 / 28 / 2005

Amount of Each Disbursement this Period

31.66

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

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶

206.59

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

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

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address PO Box 193

City Bell State FL Zip Code 32619-

Purpose of Disbursement
RESEARCH

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2368
Date of Disbursement
08 / 14 / 2005

Amount of Each Disbursement this Period
650.00

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

RESEARCH

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

Mailing Address PO Box 193

City Bell State FL Zip Code 32619-

Purpose of Disbursement
RESEARCH

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2430
Date of Disbursement
09 / 27 / 2005

Amount of Each Disbursement this Period
130.00

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

RESEARCH

Full Name (Last, First, Middle Initial)
C. Friends Of Max Burns Vendor

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-0776

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2421
Date of Disbursement
09 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

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

CAMPAIGN CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶ **1780.00**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Line 1 Communications

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement
 FAX/EMAIL SERVICES

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50713.E2277

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

417.34

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

FAX/ EMAIL SERVICES

Full Name (Last, First, Middle Initial)

B. Line 1 Communications

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement
 FAX/EMAIL SERVICES

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50906.E2341

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

66.63

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

FAX/ EMAIL SERVICES

Full Name (Last, First, Middle Initial)

C. Nextel Communications

Mailing Address P. O. Box 4181

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 KM CELL PHONE

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50713.E2279

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

298.57

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

KM CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

782.74

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

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Nextel Communications

Mailing Address P. O. Box 4181

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
CELL PHONE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 51014.E2427
Date of Disbursement
09 / 27 / 2005

Amount of Each Disbursement this Period
298.80

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

CELL PHONE

Full Name (Last, First, Middle Initial)
B. Natl. Republican Congressional Committee

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
IN KIND

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 50906.C14308IK
Date of Disbursement
08 / 08 / 2005

Amount of Each Disbursement this Period
98.00

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

IN KIND: IN KIND

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

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: 50713.E2285
Date of Disbursement
07 / 13 / 2005

Amount of Each Disbursement this Period
9000.00

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

DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional) ▶ **9396.80**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

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

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
 DIRECT MAIL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50906.E2342
 Date of Disbursement
 08 / 08 / 2005

Amount of Each Disbursement this Period
 12272.99

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

DIRECT MAIL

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

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
 DIRECT MAIL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 51014.E2429
 Date of Disbursement
 09 / 27 / 2005

Amount of Each Disbursement this Period
 250.00

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

DIRECT MAIL

Full Name (Last, First, Middle Initial)
C. Sir Speedy Printing

Mailing Address 317 N. Orange Avenue

City Orlando State FL Zip Code 32801-1610

Purpose of Disbursement
 PRINTING

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50713.E2292
 Date of Disbursement
 07 / 13 / 2005

Amount of Each Disbursement this Period
 2628.96

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ► **15151.95**

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
 TELEPHONE

Candidate Name

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

Category/
 Type

Transaction ID: 50713.E2289

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

89.90

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

TELEPHONE

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
 TELEPHONE

Candidate Name

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

Category/
 Type

Transaction ID: 50713.E2290

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

47.20

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

TELEPHONE

Full Name (Last, First, Middle Initial)

C. Sprint

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
 TELEPHONE

Candidate Name

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

Category/
 Type

Transaction ID: 50906.E2934

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

94.87

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

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

231.97

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Sprint

Full Name (Last, First, Middle Initial)
 Sprint

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
 TELEPHONE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2431
 Date of Disbursement
 09 / 27 / 2005

Amount of Each Disbursement this Period
 90.38

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

TELEPHONE

B. SunTrust Credit Card

Full Name (Last, First, Middle Initial)
 SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
 CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2358
 Date of Disbursement
 08 / 09 / 2005

Amount of Each Disbursement this Period
 5000.00

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

CREDIT CARD: SEE BELOW

C. The Capital Grille

Full Name (Last, First, Middle Initial)
 The Capital Grille

Mailing Address 601 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20004-

Purpose of Disbursement
 MEALS

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2374
 Date of Disbursement
 08 / 09 / 2005

Amount of Each Disbursement this Period
 189.98

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

[MEMO ITEM]
 MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶ **5090.38**

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

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Dominos Pizza

Mailing Address 3674 Cleveland Avenue

City Fort Myers State FL Zip Code 33901-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2373

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

76.91

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

[MEMO ITEM]
MEMO: MEALS

Full Name (Last, First, Middle Initial)

B. Monocle Restaurant on Capitol Hill

Mailing Address 107 D Street, N.E.

City Washington State DC Zip Code 20002-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2383

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

573.64

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

[MEMO ITEM]
MEMO: MEALS

Full Name (Last, First, Middle Initial)

C. Outback Steakhouse

Mailing Address 12995 S. Cleveland Avenue

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2391

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

55.17

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

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Tortilla Coast

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20016-

Purpose of Disbursement
MEALS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2366

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

69.20

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

[MEMO ITEM]
MEMO: MEALS

Full Name (Last, First, Middle Initial)

B. Atlas Limousine

Mailing Address 8624 Western Oak Drive

City Springfield State VA Zip Code 22153-

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2366

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

198.00

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

C. Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement
STORAGE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2360

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

315.88

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

[MEMO ITEM]
MEMO: STORAGE

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Capitol Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
LODGING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2382

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

216.41

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

[MEMO ITEM]

MEMO: LODGING

Full Name (Last, First, Middle Initial)

B. 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
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50906.E2383

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

320.48

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. Enterprise Rent-A-Car

Mailing Address 35 E. Colonial Drive

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
RENTAL CAR

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2378

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

107.03

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

[MEMO ITEM]

MEMO: RENTAL CAR

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Marriott

Full Name (Last, First, Middle Initial)
Marriott

Mailing Address 1127 Connecticut Avenue NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2384
Date of Disbursement
08 / 09 / 2005

Amount of Each Disbursement this Period
1034.10

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

[MEMO ITEM]
MEMO: LODGING

B. SunTrust Credit Card

Full Name (Last, First, Middle Initial)
SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
FINANCE CHARGE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2372
Date of Disbursement
08 / 09 / 2005

Amount of Each Disbursement this Period
13.98

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

[MEMO ITEM]
MEMO: FINANCE CHARGE

C. US Airways

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2381
Date of Disbursement
08 / 09 / 2005

Amount of Each Disbursement this Period
1590.88

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

[MEMO ITEM]
MEMO: TRAVEL

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
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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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. USPS Colonialtown

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803-

Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2362

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

580.05

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

[MEMO ITEM]

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

B. SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2366

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

3232.70

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

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Collier County REC

Mailing Address P. O. Box 7367

City Naples State FL Zip Code 34101-

Purpose of Disbursement
EVENT TICKETS

Candidate Name

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

State: District

Category/
Type

Transaction ID: 50906.E2368

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

600.00

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

[MEMO ITEM]

MEMO: EVENT TICKETS

SUBTOTAL of Disbursements This Page (optional) ▶

3232.70

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Riverside Hotel

Mailing Address 620 E. Las Olas Blvd.

City Fort Lauderdale State FL Zip Code 33301-

Purpose of Disbursement
 LODGING

Candidate Name _____

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50906.E2408
 Date of Disbursement
 08 / 27 / 2005

Amount of Each Disbursement this Period
 1056.28

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

[MEMO ITEM]
 MEMO: LODGING

Full Name (Last, First, Middle Initial)
B. Armands Chicago Pizzeria

Mailing Address 226 Massachusetts Ave. N.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
 MEALS

Candidate Name _____

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50906.E2397
 Date of Disbursement
 08 / 27 / 2005

Amount of Each Disbursement this Period
 167.98

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

[MEMO ITEM]
 MEMO: MEALS

Full Name (Last, First, Middle Initial)
C. Staples

Mailing Address 2774 East Colonial Drive

City Orlando State FL Zip Code 32803-

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name _____

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50906.E2409
 Date of Disbursement
 08 / 27 / 2005

Amount of Each Disbursement this Period
 10.46

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

[MEMO ITEM]
 MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50906.E2401
Date of Disbursement
08 / 27 / 2005

Amount of Each Disbursement this Period
346.90

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)
B. USPS Colonialtown

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803-

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50906.E2410
Date of Disbursement
08 / 27 / 2005

Amount of Each Disbursement this Period
111.00

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

[MEMO ITEM]
MEMO: POSTAGE

Full Name (Last, First, Middle Initial)
C. Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50906.E2412
Date of Disbursement
08 / 27 / 2005

Amount of Each Disbursement this Period
18.90

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

[MEMO ITEM]
MEMO: EMAIL SERVICES

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
 CREDIT CARD - SEE BELOW

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 51014.E2439

Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

4971.40

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

CREDIT CARD - SEE BELOW

Full Name (Last, First, Middle Initial)

B. Corks Steakhouse

Mailing Address 862 5th Ave S

City Naples State FL Zip Code 34102-6606

Purpose of Disbursement
 MEALS

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 51014.E2472

Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

246.38

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

[MEMO ITEM]
 MEMO: MEALS

Full Name (Last, First, Middle Initial)

C. Northwest Airlines

Mailing Address 5101 Northwest Drive

City Saint Paul State MN Zip Code 55111-

Purpose of Disbursement
 TRAVEL

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 51014.E2487

Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

75.00

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

[MEMO ITEM]
 MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

4971.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Cabbage Key, Inc.

Mailing Address PO Box 200

City Pineland State FL Zip Code 33945-0200

Purpose of Disbursement
EVENT/MEETING

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2485
Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

1723.54

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

[MEMO ITEM]
MEMO: EVENT/MEETING

Full Name (Last, First, Middle Initial)
B. Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement
STORAGE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2482
Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

315.88

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

[MEMO ITEM]
MEMO: STORAGE

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
CELLULAR

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2483
Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

275.88

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

[MEMO ITEM]
MEMO: CELLULAR

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Enterprise Rent-A-Car

Mailing Address 35 E. Colonial Drive

City Orlando State FL Zip Code 32801-

Purpose of Disbursement
TRAVEL

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 51014.E2468
Date of Disbursement
09 / 23 / 2005

Amount of Each Disbursement this Period
149.04

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)
B. SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
CREDIT CARD S/C

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 51014.E2489
Date of Disbursement
09 / 23 / 2005

Amount of Each Disbursement this Period
50.85

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

[MEMO ITEM]
MEMO: CREDIT CARD S/C

Full Name (Last, First, Middle Initial)
C. The Inn on Fifth

Mailing Address 699 5th Ave S

City Naples State FL Zip Code 34102-

Purpose of Disbursement
TRAVEL

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 51014.E2473
Date of Disbursement
09 / 23 / 2005

Amount of Each Disbursement this Period
386.08

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

[MEMO ITEM]
MEMO: TRAVEL

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

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. USPS Colonialtown

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803-

Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2461

Date of Disbursement

09 / 23 / 2005

Amount of Each Disbursement this Period

148.00

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

[MEMO ITEM]

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

B. The UPS Store

Mailing Address 5100 S. Cleveland Avenue, #318

City Fort Myers State FL Zip Code 33607-

Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2441

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

100.00

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Visa Bank of America

Mailing Address P.O. Box 30770

City Tampa State FL Zip Code 33630-

Purpose of Disbursement
CREDIT CARD - SEE BELOW

Candidate Name

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

State: District

Category/
Type

Transaction ID: 51014.E2438

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

2061.80

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

CREDIT CARD - SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

2161.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Cabbage Key, Inc.

Mailing Address PO Box 200

City Pineland State FL Zip Code 33945-0200

Purpose of Disbursement
 MEALS

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2443
 Date of Disbursement
 09 / 13 / 2005

Amount of Each Disbursement this Period
 69.08

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

[MEMO ITEM]
 MEMO: MEALS

Full Name (Last, First, Middle Initial)
B. Crowne Plaza

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
 TRAVEL - HOTEL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2452
 Date of Disbursement
 09 / 13 / 2005

Amount of Each Disbursement this Period
 262.74

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

[MEMO ITEM]
 MEMO: TRAVEL - HOTEL

Full Name (Last, First, Middle Initial)
C. Crowne Plaza

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
 MEALS

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2449
 Date of Disbursement
 09 / 13 / 2005

Amount of Each Disbursement this Period
 25.88

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

[MEMO ITEM]
 MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Crowne Plaza

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
TRAVEL - HOTED

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2455
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
318.24

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

[MEMO ITEM]
MEMO: TRAVEL - HOTED

Full Name (Last, First, Middle Initial)
B. Cato Travel

Mailing Address 1800 N. Kent Street
Suite 950

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2454
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
82.00

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

[MEMO ITEM]
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)
C. Cato Travel

Mailing Address 1800 N. Kent Street
Suite 950

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2453
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
81.00

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

[MEMO ITEM]
MEMO: TRAVEL

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

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. 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
CELLULAR

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 51014.E2450
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
277.44

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

[MEMO ITEM]
MEMO: CELLULAR

B. US Airways

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 51014.E2445
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
336.20

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

[MEMO ITEM]
MEMO: TRAVEL

C. US Airways

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 51014.E2444
Date of Disbursement
09 / 13 / 2005

Amount of Each Disbursement this Period
263.20

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

[MEMO ITEM]
MEMO: TRAVEL

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
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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
 COMPUTER MAINTENANCE

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50713.E2282

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1669.50

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

COMPUTER MAINTENANCE

Full Name (Last, First, Middle Initial)

B. Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
 COMPUTER MAINTENANCE

Candidate Name

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

State: District

Category/
 Type

Transaction ID: 50906.E2389

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

745.75

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

COMPUTER MAINTENANCE

SUBTOTAL of Disbursements This Page (optional) ▶

2415.25

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

119526.22

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

(Use separate schedule(s) for each numbered line)	PAGE 58 / 58
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arthur J. Finkelstein & Assoc.		Nature of Debt (Purpose): Political Consulting	
Mailing Address 16 N. Astor Street			
City Irvington	State NY	ZIP Code 10533-	
Outstanding Balance Beginning This Period 2000.00		Transaction ID: LS50713.E2286	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates		Nature of Debt (Purpose):	
Mailing Address 5 Mapletown Road, #300			
City Princeton	State NJ	ZIP Code 08540-	
Outstanding Balance Beginning This Period 3650.00		Transaction ID: LS50623.E2254	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3650.00	

1) SUBTOTALS This Period This Page (optional)	▶	3650.00
2) TOTALS This Period (last page this line number only)	▶	3650.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	