

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Connie Mack

ADDRESS (number and street)
▼

P.O. Box 519

☐Check if different
than previously
reported. (ACC)

Naples

FL

34106

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00391243

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

11

04

2008

in the
State of

FL

5. Covering Period

10

16

2008

through

11

24

2008

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

Type or Print Name of Treasurer

Craig Engle

Signature of Treasurer

Electronically Filed by Craig Engle

Date

12

04

2008

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 02/2003)

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 M
1 0D D
1 6Y Y Y Y
2 0 0 8

To:

M M
1 1D D
2 4Y Y Y Y
2 0 0 8

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 51209.05 | 1288103.76 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 1335.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 51209.05 | 1286768.76 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 191976.48 | 962762.45 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 4207.48 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 191976.48 | 958554.97 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 530969.83 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 6 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <table border="1"> <tr> <td>M</td><td>M</td> <td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td> <td>0</td><td>4</td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> (date of general election) | M | M | D | D | Y | Y | Y | Y | 1 | 1 | 0 | 4 | 2 | 0 | 0 | 8 | COLUMN C Total for <table border="1"> <tr> <td>M</td><td>M</td> <td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td> <td>0</td><td>5</td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> (date after general election) through <table border="1"> <tr> <td>M</td><td>M</td> <td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td> <td>2</td><td>4</td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> (last day of reporting period) | M | M | D | D | Y | Y | Y | Y | 1 | 1 | 0 | 5 | 2 | 0 | 0 | 8 | M | M | D | D | Y | Y | Y | Y | 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 0 | 4 | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 0 | 5 | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. CONTRIBUTIONS (other than loans) FROM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Individuals/Persons Other than Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) Itemized (Use Schedule A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>3</td><td>3</td><td>3</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 3 | 3 | 3 | 4 | 0 | 0 | 0 | 0 | <table border="1"> <tr> <td>8</td><td>9</td><td>9</td><td>5</td><td>9</td><td>7</td><td>7</td><td>9</td> </tr> </table> | 8 | 9 | 9 | 5 | 9 | 7 | 7 | 9 | <table border="1"> <tr> <td>5</td><td>0</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | 3 | 4 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 9 | 9 | 5 | 9 | 7 | 7 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) Unitemized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>1</td><td>7</td><td>9</td><td>3</td><td>5</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 1 | 7 | 9 | 3 | 5 | 0 | 0 | 0 | <table border="1"> <tr> <td>7</td><td>7</td><td>3</td><td>3</td><td>4</td><td>6</td><td>7</td><td>0</td> </tr> </table> | 7 | 7 | 3 | 3 | 4 | 6 | 7 | 0 | <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 7 | 9 | 3 | 5 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | 3 | 3 | 4 | 6 | 7 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Total of contributions from individuals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>3</td><td>5</td><td>1</td><td>3</td><td>3</td><td>5</td><td>0</td><td>0</td> </tr> </table> | 3 | 5 | 1 | 3 | 3 | 5 | 0 | 0 | <table border="1"> <tr> <td>9</td><td>7</td><td>6</td><td>9</td><td>3</td><td>2</td><td>4</td><td>6</td> </tr> </table> | 9 | 7 | 6 | 9 | 3 | 2 | 4 | 6 | <table border="1"> <tr> <td>5</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 5 | 1 | 3 | 3 | 5 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 7 | 6 | 9 | 3 | 2 | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Political Party Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <table border="1"> <tr> <td>9</td><td>8</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 9 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | <table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Other Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>1</td><td>6</td><td>0</td><td>7</td><td>5</td><td>5</td><td>5</td><td>0</td> </tr> </table> | 1 | 6 | 0 | 7 | 5 | 5 | 5 | 0 | <table border="1"> <tr> <td>3</td><td>1</td><td>1</td><td>0</td><td>7</td><td>3</td><td>3</td><td>0</td> </tr> </table> | 3 | 1 | 1 | 0 | 7 | 3 | 3 | 0 | <table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | 0 | 7 | 5 | 5 | 5 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | 1 | 0 | 7 | 3 | 3 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 51209.05 | 1288103.76 | 5100.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 14136.82 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b). All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 0.00 | 4207.48 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| 0.00 | 1.00 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 51209.05 | 1306449.06 | 5100.00 |

Image# 28934600784

**POST ELECTION DETAILED
SUMMARY PAGE**

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FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Friends of Connie Mack

Report the covering period

From:

M M
1 0D D
1 6Y Y Y Y
2 0 0 8

To:

M M
1 1D D
2 4Y Y Y Y
2 0 0 8**II. DISBURSEMENTS**

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|---|---|
| 17. OPERATING EXPENDITURES | | |
| 191976.48 | 962762.45 | 52902.80 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 15168.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 700.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--|
|-------------------------------|---|--|

(c) Other political committees (such as PACs)

0.00

635.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00

1335.00

0.00

21. OTHER DISBURSEMENTS

4000.00

8100.00

0.00

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

195976.48

987365.45

52902.80

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

51209.05

1286768.76

5100.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

191976.48

958554.97

52902.80

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 675737.26 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 51209.05 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 726946.31 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 195976.48 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 530969.83 |

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

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

FOR LINE NUMBER: PAGE 7 / 55

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Ann Alexander

Mailing Address 2644 Atoka Road

City

Marshall

State

VA

Zip Code

20115-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Estate Management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81029.C19657

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

William Bain, Jr.

Mailing Address PO Box 768

City

North Scituate

State

MA

Zip Code

02060-0768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C19640

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

David Baron

Mailing Address 4 Canyon Crk

City

Rancho Mirage

State

CA

Zip Code

92270-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19675

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

David Barton

Mailing Address 5718 Driftwood Parkway

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Industrial Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2541.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: 81027.C19621

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Barry Blitz

Mailing Address 1260 Shadow Ln

City

Fort Myers

State

FL

Zip Code

33901-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation

physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19587

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Peter Blitzer

Mailing Address 1248 Shadow Lane

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century

Occupation

physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19607

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Arthur Bourque

Mailing Address 88 Laurie Dr NE

City

Fort Walton Beach

State

FL

Zip Code

32548-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19625

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

Allen Ten Broek

Mailing Address 321 Sunset Drive
Apt. 5

City

Fort Lauderdale

State

FL

Zip Code

33301-2651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mariner Advisory GroupOccupation
executive

Receipt For: 2008

☐ Primary
 ☐ General
 ☒ Other (specify) ▼
Primary 2010

Election Cycle-to-Date ▼

2300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81203.C19701

Amount of Each Receipt this Period

2300.00

Receipt

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

Full Name (Last, First, Middle Initial)

Anne Brown

Mailing Address 1020 Palm View Dr # 301-2

City

Naples

State

FL

Zip Code

34110-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
real estate sales

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81022.C19586

Amount of Each Receipt this Period

30.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2355.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Alan Brown, Jr

Mailing Address 12522 Grandezza Cir

City

Estero

State

FL

Zip Code

33928-7743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19605

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

James Bunnell, Jr.

Mailing Address 11732 Pine Timber Ln

City

Fort Myers

State

FL

Zip Code

33913-8628

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEM, LLC

Occupation

financial consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19603

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Ruel Burns

Mailing Address 3655 Woodstork Court

City

Fort Myers

State

FL

Zip Code

33908-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: 81027.C19592

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Cynthia Castellanos

Mailing Address 4855 Dockside Dr Apt 202
apt 202

City State Zip Code
Fort Myers FL 33919-4660

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
physician

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19597

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Nelson Charles

Mailing Address 1263 Caloosa Dr

City State Zip Code
Fort Myers FL 33901-6713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Heart Associates

Occupation
doctor

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19588

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Chaundre Cross

Mailing Address 6845 Wellington Dr

City State Zip Code
Naples FL 34109-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
medical doctor

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19696

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Meir Daller

Mailing Address 14270 Royal Harbour Ct Unit 423
#423

City State Zip Code
Fort Myers FL 33908-6551

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
doctor

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81027.C19611

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Richard Daniels

Mailing Address 55150 Shoal Crk

City State Zip Code
La Quinta CA 92253-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19678

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Anthony DiBiase

Mailing Address 550 N Yachtsman Dr

City State Zip Code
Sanibel FL 33957-3910

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEV Healthcom, Inc.

Occupation
Medical Publishing

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81029.C19644

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Thomas Dickinson

Mailing Address 2229 McClellan Pkwy

City

Sarasota

State

FL

Zip Code

34239-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Transaction ID: 81029.C19660

Amount of Each Receipt this Period

300.00

Receipt

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

Full Name (Last, First, Middle Initial)

Tully Dunlap

Mailing Address P. O. Box 430

City

Labelle

State

FL

Zip Code

33935

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19637

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

Jon Eaton

Mailing Address 5344 Delano Ct

City

Cape Coral

State

FL

Zip Code

33904-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19601

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Thelma H. Fletcher

Mailing Address 2220 N.W. 23rd Terrace

City

Gainesville

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

real estate broker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19626

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Donald Forte

Mailing Address 542 11th Ave S

City

Naples

State

FL

Zip Code

34102-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19629

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Jose Garcia

Mailing Address 5182 Yahner Ln

City

Port Charlotte

State

FL

Zip Code

33981-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19598

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Janette Gaw

Mailing Address 2675 Winkler Ave
#130

City State Zip Code
Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Colorectal Institute

Occupation
physician

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

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19600

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

J.H. Grunewald

Mailing Address 445 Cove Tower Dr Apt 1802
Apt 1802

City State Zip Code
Naples FL 34110-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

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

Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81022.C19574

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

David Gutstein

Mailing Address 15621 New Hampshire Ct

City State Zip Code
Fort Myers FL 33908-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19698

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Frank Halas

Mailing Address 405 Flamingo Ave

City

Naples

State

FL

Zip Code

34108-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81022.C19572

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Alan B. Harris

Mailing Address P. O. Box 2164

City

Naples

State

FL

Zip Code

34106

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81022.C19577

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

Sheridan Harris

Mailing Address 2571 Windward Way

City

Naples

State

FL

Zip Code

34103-4067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harris Realty CompanyOccupation
real estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19590

Amount of Each Receipt this Period

25.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

William Horowitz

Mailing Address 15529 Fiddlesticks Blvd

City

Fort Myers

State

FL

Zip Code

33912-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19639

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

Virginia Huether

Mailing Address 10130 Bertram Ln

City

Fort Myers

State

FL

Zip Code

33919-4596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

real estate development

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19606

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

Constance Hunter

Mailing Address 4329 S Atlantic Ave

City

Ponce Inlet

State

FL

Zip Code

32127-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 8 |

Transaction ID: 81022.C19571

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Elizabeth Kagan

Mailing Address 6981 Lake Devonwood Drive

City State Zip Code
 Fort Myers FL 33908

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 8

Transaction ID: 81022.C19579

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

John Kagan

Mailing Address 6981 Lake Devonwood Drive

City State Zip Code
 Fort Myers FL 33908

FEC ID number of contributing federal political committee.

C

Name of Employer
Kagan, Juga & Assoc.Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 8

Transaction ID: 81022.C19580

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Michael Katin

Mailing Address 2234 Colonial Blvd.

City State Zip Code
 Fort Myers FL 33907

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiation Therapy Associa-
tesOccupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C19608

Amount of Each Receipt this Period

1300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Thad Kirkpatrick

Mailing Address 420 Widgeon Pointe

City

Naples

State

FL

Zip Code

34105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cohen & Grigsby

Occupation
attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19585

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Joseph Kornwasser

Mailing Address 145 So. Fairfax Ave
4th Floor

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19689

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Kenneth Krier

Mailing Address 2335 Gulf Shore Blvd N

City

Naples

State

FL

Zip Code

34103-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19575

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Kurt Markgraf

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

anesthesiologist

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81111.C19666

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

Floyd Miles

Mailing Address 15188 Fiddlesticks Blvd

City

Fort Myers

State

FL

Zip Code

33912-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19595

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Keith Miller

Mailing Address 12731 Terabella Way

City

Fort Myers

State

FL

Zip Code

33912-0910

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation

physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19604

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Patricia Murdock

Mailing Address 100 Worth Avenue #705

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

732.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 81027.C19631

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

David Nagel

Mailing Address 6222 Wilshire Blvd Ste 650
Suite 650

City

Los Angeles

State

CA

Zip Code

90048-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decron Properties

Occupation
President/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19681

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

John Nocera, Sr.

Mailing Address 938 4th Ave N

City

Naples

State

FL

Zip Code

34102-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Car Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 81022.C19576

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Leib Orlanski

Mailing Address 9727 W Olympic Blvd

City

Beverly Hills

State

CA

Zip Code

90212-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81111.C19686

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

Robert Oster

Mailing Address 540 Bald Eagle Drive

City

Naples

State

FL

Zip Code

34105-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deltrol Controls

Occupation

controls

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19618

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

Geurt Peet

Mailing Address 2300 Deborah Dr

City

Punta Gorda

State

FL

Zip Code

33950-8132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millenium Physician

Occupation

administration

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19602

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Robert Ratliff III

Mailing Address PO Box 566

City

Sanibel

State

FL

Zip Code

33957-0566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
real estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19573

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael Raymond

Mailing Address 14009 Image Lake Court

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Cancer Specialists

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81027.C19638

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Shlomo Rehnitz

Mailing Address 102 N Alta Vista Blvd

City

Los Angeles

State

CA

Zip Code

90036-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Primary 2010

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 81203.C19707

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Thomas J. Rice

Mailing Address 13130 Placida Point Court

City State Zip Code
 Placida FL 33946

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation
hospital administrator

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

Election Cycle-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19693

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Raymond Rodrigues

Mailing Address 11401 Worcester Run

City State Zip Code
 Estero FL 33928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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

Election Cycle-to-Date ▼
 459.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Transaction ID: 81029.C19648

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City State Zip Code
 Sanibel FL 33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edison National Bank

Occupation
banker

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

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19697

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Michael Rose

Mailing Address 1000 Ridgeway Loop
Suite 108

City State Zip Code
Memphis TN 38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon National Co-
rp

Occupation
chairman

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

Election Cycle-to-Date ▼
910.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81029.C19642

Amount of Each Receipt this Period

410.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Neil Rossborough

Mailing Address 13455 Rosewood Lane

City State Zip Code
Naples FL 34119

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

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

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81029.C19650

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Cesar Santiago

Mailing Address 12978 Turtle Cove Trail

City State Zip Code
Fort Myers FL 33903-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
Colon & Rectal Surgeon

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

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19599

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Andrew Myron Savvsky

Mailing Address 757 SE 17th St
Box 399

City State Zip Code
Fort Lauderdale FL 33316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Structured Asset Services
Inc

Occupation
self employed

Receipt For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Primary 2010

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 81203.C19702

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Jerry H. Schmoyer

Mailing Address 1372 Osceola Drive

City State Zip Code
Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miromar Development

Occupation
developer

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

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19582

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Alan Schneider

Mailing Address c/o BFWG&S LLP
2029 Centruy Park East #500

City State Zip Code
Los Angeles CA 90067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19679

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Angel Schneider

Mailing Address c/o BFWG&S LLP

2029 Century Park East #500

City

Los Angeles

State

CA

Zip Code

90067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19680

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Carl Schultz

Mailing Address 13785 Bald Cypress Cir

City

Fort Myers

State

FL

Zip Code

33907-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Coral Emergency

Occupation

physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81029.C19649

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Walter Serbon

Mailing Address PO Box 60014

City

Fort Myers

State

FL

Zip Code

33906-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Community Bank

Occupation

banker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: 81027.C19612

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Dayna Shulman

Mailing Address 1640 S Sepulveda Blvd Ste 21
Suite 21

City State Zip Code
Los Angeles CA 90025-7510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mindlin Companies

Occupation
real estate

Receipt For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
 Primary 2010

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 81203.C19704

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael J. Simon

Mailing Address 2669 Crystal Beach Road

City State Zip Code
Winter Haven FL 33880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
anesthesiologist

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19673

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Thomas Staed

Mailing Address 2001 S. Atlantic Avenue

City State Zip Code
Daytona Beach Shor FL 32118

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
hotelier

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

Election Cycle-to-Date ▼
1485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19583

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Claudia Sterling

Mailing Address 23679 Calabasas Rd # 342

City

Calabasas

State

CA

Zip Code

91302-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
physician

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Primary 2010

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 81203.C19706

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael Sterling

Mailing Address 7 Hacienda Rd

City

West Hills

State

CA

Zip Code

91307-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
executive

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Primary 2010

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 81203.C19705

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Charles Sues

Mailing Address 2710 Sailors Way

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19670

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Patricia Swindle

Mailing Address 137 Clarke Ave

City

Palm Beach

State

FL

Zip Code

33480-6122

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19620

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Stanley Treitel

Mailing Address 149 S Highland Ave

City

Los Angeles

State

CA

Zip Code

90036-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
consultant

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81111.C19688

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

Steven Usdan

Mailing Address 159 S Hudson Pl

City

Los Angeles

State

CA

Zip Code

90004-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kornwasser Shopping Cnt
Prop.Occupation
real estate

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81111.C19682

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Edwin Walmer

Mailing Address 189 Monterey Drive

City

Naples

State

FL

Zip Code

34119-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19594

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Charles Walton

Mailing Address 7241 Orchid Island Pl

City

Bradenton

State

FL

Zip Code

34202-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wastequip, Inc.Occupation
executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 8 |

Transaction ID: 81029.C19659

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Terry Weiner

Mailing Address 73670 El Paseo

City

Palm Desert

State

CA

Zip Code

92260-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: 81111.C19677

Amount of Each Receipt this Period

2000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jovan Zepcevski

Mailing Address 7802 Jean Blvd.

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zep Construction, Inc.

Occupation

Marine Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81027.C19617

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Efrat Zisblatt

Mailing Address 125 N Las Palmas Ave

City

Los Angeles

State

CA

Zip Code

90004-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19687

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Faye Zuluaga

Mailing Address 6600 Yucca St Apt 408
No 408

City

Los Angeles

State

CA

Zip Code

90028-4793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bomel Swall LLC

Occupation

accountant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19685

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

33340.00

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

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

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

American Medical Assoc. PAC

Mailing Address 1101 Vermont Ave., N.W.
12th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000422

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C19613

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Burger King Corporation Pac

Mailing Address 5505 Blue Lagoon Dr

City State Zip Code
Miami FL 33126-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19699

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Citizens Organized Pac

Mailing Address 1800 Avenue Of The Stars Ste 900
Suite 900

City State Zip Code
Los Angeles CA 90067-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19684

Amount of Each Receipt this Period

2000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Comcast Corporation PAC

Mailing Address 1500 Market Street, 35th Fl.

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19674

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Committee To Elect Bill Powers

Mailing Address 74750 Highway 111

City

Indian Wells

State

CA

Zip Code

92210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19692

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Health Management Assoc. Inc

Mailing Address Fed Pac, LLC
5811 Pelican Bay Blvd

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81029.C19645

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

King & Spalding PAC

Mailing Address 1700 Pennsylvania Avenue, SW

City

Washington

State

DC

Zip Code

20006-4706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 81029.C19652

Amount of Each Receipt this Period

5000.00

Receipt

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

Full Name (Last, First, Middle Initial)

Marriott International, Inc

Mailing Address Political Action Committee Marriot
Dept 52-904

City

Washington

State

DC

Zip Code

20058-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 7 | | 2 | 0 | 0 | 8 |

Transaction ID: 81027.C19614

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

Poker Players Alliance PAC

Mailing Address 1325 G St NW Ste 500
Suite 500

City

Washington

State

DC

Zip Code

20005-3136

FEC ID number of contributing
federal political committee.

C

C00448688

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.55

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: 81203.C19708

Amount of Each Receipt this Period

25.55

In-Kind

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

Email Blast

SUBTOTAL of Receipts This Page (optional)

6025.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Progress Energy Employees Federal PAC

Mailing Address 801 Pennsylvania Ave, NW
Suite 250

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00091884

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81029.C19665

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
VFW- Pac, Inc.

Mailing Address 200 Maryland Ave NE

City State Zip Code
Washington DC 20002-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 81022.C19581

Amount of Each Receipt this Period

1300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Womens Alliance For Israel Pac

Mailing Address 30151 Tomas Street

City State Zip Code
Rancho Santa Marga CA 92688-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81111.C19683

Amount of Each Receipt this Period

2000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

16075.55

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 37 / 55

☒ 17 ☐ 18 ☐ 19a ☐ 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)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City State Zip Code
Irvington NY 10533-

Purpose of Disbursement
Political Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

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

POLITICAL CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City State Zip Code
Irvington NY 10533-

Purpose of Disbursement
Survey Work

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

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

SURVEY WORK

C.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City State Zip Code
Irvington NY 10533-

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

863.47

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

EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

8363.47

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Jamestown Associates

Mailing Address 5 Mapletown Road, #300

City Princeton State NJ Zip Code 08540-

Purpose of Disbursement
media buys

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81022.E4469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

136503.00

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

MEDIA BUYS

B.

Full Name (Last, First, Middle Initial)
Jamestown Associates

Mailing Address 5 Mapletown Road, #300

City Princeton State NJ Zip Code 08540-

Purpose of Disbursement
media & radio buys

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11635.00

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

MEDIA & RADIO BUYS

C.

Full Name (Last, First, Middle Initial)
Mr. Rob Jennings

Mailing Address American Event Consulting, Inc.
501 L St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
fundraising consulting fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81111.E4479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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

FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)

149138.00

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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☒ 17 ☐ 18 ☐ 19a ☐ 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) Mr. Patrick McQuillan | Transaction ID: 81111.E4474 Date of Disbursement |
| Mailing Address 732 N Cleveland St | <div> <div>11</div> <div>01</div> <div>2008</div> </div> |
| City Arlington State VA Zip Code 22201-1912 | Amount of Each Disbursement this Period <div>2000.00</div> |
| Purpose of Disbursement fundraising consulting fee Candidate Name <div>Category/Type</div> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING FEE |
| B. Full Name (Last, First, Middle Initial) Poker Players Alliance PAC | Transaction ID: 81203.C19708IK Date of Disbursement |
| Mailing Address 1325 G St NW Ste 500 Suite 500 | <div> <div>11</div> <div>01</div> <div>2008</div> </div> |
| City Washington State DC Zip Code 20005-3136 | Amount of Each Disbursement this Period <div>25.55</div> |
| Purpose of Disbursement Email Blast Candidate Name <div>Category/Type</div> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | IN KIND: EMAIL BLAST |
| C. Full Name (Last, First, Middle Initial) Florida Business Information, Inc. | Transaction ID: 81203.E4487 Date of Disbursement |
| Mailing Address PO Box 193 | <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City Bell State FL Zip Code 32619- | Amount of Each Disbursement this Period <div>130.00</div> |
| Purpose of Disbursement newspaper clipping service Candidate Name <div>Category/Type</div> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | NEWSPAPER CLIPPING SERVICE |

SUBTOTAL of Disbursements This Page (optional)

2155.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 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) Edonation 1 Account | Transaction ID: 81029.E4472 Date of Disbursement |
| Mailing Address 118 N Saint Asaph St | <div> <div>10</div> <div>28</div> <div>2008</div> </div> |
| City Alexandria State VA Zip Code 22314-3110 | Amount of Each Disbursement this Period |
| Purpose of Disbursement fundraising fee | <div>42.40</div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | FUNDRAISING FEE |
| B. Full Name (Last, First, Middle Initial) Edonation 1 Account | Transaction ID: 81203.E4539 Date of Disbursement |
| Mailing Address 118 N Saint Asaph St | <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City Alexandria State VA Zip Code 22314-3110 | Amount of Each Disbursement this Period |
| Purpose of Disbursement fundraising fee | <div>406.00</div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | FUNDRAISING FEE |
| C. Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus) | Transaction ID: 81203.E4538 Date of Disbursement |
| Mailing Address PO Box 15710 | <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City Wilmington State DE Zip Code 19886-5710 | Amount of Each Disbursement this Period |
| Purpose of Disbursement credit card fees | <div>20.00</div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | CREDIT CARD FEES |

SUBTOTAL of Disbursements This Page (optional)

468.40

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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☒ 17 ☐ 18 ☐ 19a ☐ 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) American Express Mailing Address P. O. Box 360002 | Transaction ID: 81203.E4492 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City Fort Lauderdale State FL Zip Code 33336- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>17061.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW |
| B. Full Name (Last, First, Middle Initial) 7-Eleven Mailing Address 2980 Colonial Blvd. City Fort Myers State FL Zip Code 33912- Purpose of Disbursement travel expense- gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E4520 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>26.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE- GAS |
| C. Full Name (Last, First, Middle Initial) Campaign Graphics Mailing Address 1009 S.W. 17th Street City Ocala State FL Zip Code 34474- Purpose of Disbursement campaign advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E4500 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>5711.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN ADVERTISING |

SUBTOTAL of Disbursements This Page (optional)

17061.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 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) Hilton Naples & Towers | Transaction ID: 81203.E4526 Date of Disbursement |
| Mailing Address 5111 Tamiami Trail, N. | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 8</div> </div> |
| City State Zip Code Naples FL 34103- Purpose of Disbursement Event- Debate Watch Party Candidate Name | Amount of Each Disbursement this Period <div>2545.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> <div>MEMO: EVENT- DEBATE WATCH PARTY</div> </div> |
| B. Full Name (Last, First, Middle Initial) Home Depot | Transaction ID: 81203.E4517 Date of Disbursement |
| Mailing Address 14655 S. Tamiami Trail | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 8</div> </div> |
| City State Zip Code Fort Myers FL 33912- Purpose of Disbursement sign supplies Candidate Name | Amount of Each Disbursement this Period <div>935.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> <div>MEMO: SIGN SUPPLIES</div> </div> |
| C. Full Name (Last, First, Middle Initial) Ruth Messmer Florist | Transaction ID: 81203.E4529 Date of Disbursement |
| Mailing Address 3366 Cleveland Ave | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 8</div> </div> |
| City State Zip Code Fort Myers FL 33901-7107 Purpose of Disbursement flowers for campaign Candidate Name | Amount of Each Disbursement this Period <div>69.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> <div>MEMO: FLOWERS FOR CAMPAIGN</div> </div> |

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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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
 Southwest Airlines

Mailing Address P. O. Box 36647

City State Zip Code
 Dallas TX 75234-

Purpose of Disbursement
 Travel expense- airline ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4514

Date of Disbursement

/ /

Amount of Each Disbursement this Period

285.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-
 LINE TICKET

B.

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

Mailing Address 400 1st Street, S.E.

City State Zip Code
 Washington DC 20016-

Purpose of Disbursement
 Event Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4501

Date of Disbursement

/ /

Amount of Each Disbursement this Period

436.32

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

[MEMO ITEM]

MEMO: EVENT EXPENSE

C.

Full Name (Last, First, Middle Initial)
 All Road Communications

Mailing Address 2222 4th Ave Ste A

City State Zip Code
 San Diego CA 92101-2112

Purpose of Disbursement
 Satellite Telephone Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

196.70

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

[MEMO ITEM]

MEMO: SATELLITE TELEPHONE
 RENTAL

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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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) AT&T Wireless Mailing Address P. O. Box 8229 | Transaction ID: 81203.E4504 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City Aurora State IL Zip Code 60572- Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>438.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE |
| B. Full Name (Last, First, Middle Initial) Alice Sweetwaters Mailing Address 1996 Airport Road, S City Naples State FL Zip Code 34112- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E4518 Date of Disbursement <div>11</div> <div>19</div> <div>2008</div> Amount of Each Disbursement this Period <div>69.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| C. Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81203.E4532 Date of Disbursement <div>11</div> <div>19</div> <div>2008</div> Amount of Each Disbursement this Period <div>157.94</div> <input type="checkbox"/> 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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) CVS Pharmacy | Transaction ID: 81203.E4522 Date of Disbursement |
| Mailing Address 5037 S. Cleveland Avenue | <div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>1</div> </div> <div> <div>1</div><div>9</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div> |
| City Ft. Myers State FL Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement office supplies | <div> <div>12.70</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| B. Full Name (Last, First, Middle Initial) Capitol Hill Club | Transaction ID: 81203.E4511 Date of Disbursement |
| Mailing Address 300 First Street, S.E. | <div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>1</div> </div> <div> <div>1</div><div>9</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div> |
| City Washington State DC Zip Code 20003- | Amount of Each Disbursement this Period |
| Purpose of Disbursement meals | <div> <div>360.84</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: MEALS |
| C. Full Name (Last, First, Middle Initial) Crowne Plaza- Fort Myers | Transaction ID: 81203.E4530 Date of Disbursement |
| Mailing Address 13051 Bell Tower Dr | <div> <div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> </div> <div> <div>1</div><div>1</div> </div> <div> <div>1</div><div>9</div> </div> <div> <div>2</div><div>0</div><div>0</div><div>8</div> </div> |
| City Fort Myers State FL Zip Code 33907-5927 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Event- Debate Watch Party | <div> <div>2460.05</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: EVENT- DEBATE WATCH PARTY |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Enterprise Rent-A-Car

Mailing Address 35 E. Colonial Drive

City Orlando State FL Zip Code 32801-

Purpose of Disbursement

travel expense- car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4525

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

220.34

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- CAR
RENTAL

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement

express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4515

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

100.54

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

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement

express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4498

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

71.41

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

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

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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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Hess

Mailing Address 3200 Colonial Blvd

City State Zip Code
33966-1032

Purpose of Disbursement
travel expense- gas

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.07

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- GAS

B.

Full Name (Last, First, Middle Initial)
Hess

Mailing Address 3200 Colonial Blvd

City State Zip Code
33966-1032

Purpose of Disbursement
Travel Expense- gas

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- GAS

C.

Full Name (Last, First, Middle Initial)
Old Ebbitt Grill

Mailing Address 675 15th Street, N.W.

City State Zip Code
Washington DC 20005-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

168.99

☐ 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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) The Hut Mailing Address 5150 Buckingham Rd | Transaction ID: 81203.E4509 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> |
| City State Zip Code Fort Myers FL 33905-7407 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period <div>301.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| B. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 5100 S. Cleveland Avenue, #318 City State Zip Code Fort Myers FL 33907- Purpose of Disbursement mail forwarding service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 81203.E4531 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>69.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MAIL FORWARDING SER- VICE |
| C. Full Name (Last, First, Middle Initial) USPS Mailing Address Pagefield Postal Store City State Zip Code Fort Myers FL 33907-1403 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 81203.E4516 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>16.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |

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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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 81203.E4507 Date of Disbursement |
| Mailing Address 131 North Court House Rd | <div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div> |
| City State Zip Code Arlington VA 22201- | Amount of Each Disbursement this Period |
| Purpose of Disbursement telephone service | <div> <div>184.07</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: TELEPHONE SERVICE |
| B. Full Name (Last, First, Middle Initial) Ridgeway Bar & Grill | Transaction ID: 81203.E4533 Date of Disbursement |
| Mailing Address 1300 3rd St S | <div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div> |
| City State Zip Code Naples FL 34102-7220 | Amount of Each Disbursement this Period |
| Purpose of Disbursement event expense- reception | <div> <div>1147.84</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: EVENT EXPENSE- RECE- PTION |
| C. Full Name (Last, First, Middle Initial) American Airlines | Transaction ID: 81203.E4505 Date of Disbursement |
| Mailing Address 4333 Amon Carter Blvd | <div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div> |
| City State Zip Code Fort Worth TX 76155- | Amount of Each Disbursement this Period |
| Purpose of Disbursement travel expense- airline ticket | <div> <div>268.00</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR- LINE TICKET |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Pinchers Crab Shack

Mailing Address 13021 N. Cleveland Ave.

City State Zip Code
North Fort Myers FL 33903-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.97

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

[MEMO ITEM]

MEMO: MEALS

B.

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

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

Purpose of Disbursement
legal accounting and admin fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4485

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3992.85

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

LEGAL ACCOUNTING AND ADMIN
FEES

C.

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

Mailing Address PO Box 31488

City State Zip Code
Tampa FL 33631-3488

Purpose of Disbursement
cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E4480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

424.73

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

CELL PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

4417.58

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Chase Card Services | Transaction ID: 81203.E4535 Date of Disbursement |
| Mailing Address PO Box 15153 | <div> <div>MM/DD/YYYY</div> <div>11/19/2008</div> </div> |
| City Wilmington State DE Zip Code 19886-5153 | Amount of Each Disbursement this Period |
| Purpose of Disbursement CREDIT CARD: SEE BELOW | <div> <div>Amount</div> <div>147.93</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div>State: District:</div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> | CREDIT CARD: SEE BELOW |
| B. Full Name (Last, First, Middle Initial) Chase Card Services | Transaction ID: 81203.E4536 Date of Disbursement |
| Mailing Address PO Box 15153 | <div> <div>MM/DD/YYYY</div> <div>11/19/2008</div> </div> |
| City Wilmington State DE Zip Code 19886-5153 | Amount of Each Disbursement this Period |
| Purpose of Disbursement annual membership fee | <div> <div>Amount</div> <div>130.98</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div>State: District:</div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> | [MEMO ITEM] MEMO: ANNUAL MEMBERSHIP FEE |
| C. Full Name (Last, First, Middle Initial) eFax | Transaction ID: 81203.E4537 Date of Disbursement |
| Mailing Address j2 Global Communications 6922 Hollywood Blvd | <div> <div>MM/DD/YYYY</div> <div>11/19/2008</div> </div> |
| City Los Angeles State CA Zip Code 90028- | Amount of Each Disbursement this Period |
| Purpose of Disbursement fax services | <div> <div>Amount</div> <div>16.95</div> </div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div>State: District:</div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> | [MEMO ITEM] MEMO: FAX SERVICES |

SUBTOTAL of Disbursements This Page (optional)

147.93

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jivaldi LLC

Mailing Address 707 MOUNT Errigal PI

City Lincoln State CA Zip Code 95648-

Purpose of Disbursement
website maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4490

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1350.00

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

WEBSITE MAINTENANCE

B.

Full Name (Last, First, Middle Initial)

Line 1 Communications

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement
fax/email services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4486

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

2469.32

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

FAX/EMAIL SERVICES

C.

Full Name (Last, First, Middle Initial)

SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
direct mail and telemarketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4484

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1864.89

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

**DIRECT MAIL AND TELEMARKE-
TING**

SUBTOTAL of Disbursements This Page (optional)

5684.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Southwest Direct Mailing Address 2129 Andrea Lane | Transaction ID: 81204.E4541 Date of Disbursement <div> <div>11</div> <div>24</div> <div>2008</div> </div> |
| City State Zip Code Fort Myers FL 33912- Purpose of Disbursement direct mail services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period <div>800.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES |
| B. Full Name (Last, First, Middle Initial) Sprint - Embarq Mailing Address P.O. Box 740602 City State Zip Code Cincinnati OH 45274- Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 81203.E4488 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>73.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| C. Full Name (Last, First, Middle Initial) USPS Mailing Address 1050 Connecticut Ave, NW City State Zip Code Washington DC 20036- Purpose of Disbursement PO Box renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 81014.E4421 Date of Disbursement <div> <div>10</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>66.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PO BOX RENEWAL |

SUBTOTAL of Disbursements This Page (optional)

939.82

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1050 Connecticut Ave, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81111.E4478

Date of Disbursement

/ /

Amount of Each Disbursement this Period

168.00

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

POSTAGE

B.

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

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement
hosted exchange & blackberry servic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3398.33

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

HOSTED EXCHANGE & BLACKBE-
RRY SERVIC

SUBTOTAL of Disbursements This Page (optional)

3566.33

TOTAL This Period (last page this line number only)

191943.06

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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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert | Transaction ID: 81111.E4476 Date of Disbursement |
| Mailing Address PO Box 53322 | <div> <div>11</div> <div>03</div> <div>2008</div> </div> |
| City Bellevue State WA Zip Code 98015-3322 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <div>1000.00</div> |
| Candidate Name DAVE REICHERT | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: WA District: 08</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Thelma Drake for Congress | Transaction ID: 81111.E4475 Date of Disbursement |
| Mailing Address PO Box 61480 | <div> <div>11</div> <div>03</div> <div>2008</div> </div> |
| City Virginia Beach State VA Zip Code 23466- | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <div>1000.00</div> |
| Candidate Name THELMA D. DRAKE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: VA District: 02</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Tom Rooney for Congress | Transaction ID: 81027.E4471 Date of Disbursement |
| Mailing Address 2336 S. East Ocean Blvd #313 | <div> <div>10</div> <div>27</div> <div>2008</div> </div> |
| City Stuart State FL Zip Code 34996- | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL CONTRIBUTION | <div>2000.00</div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> | Category/ Type |

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00