FEC FORM 3	AND DIS	T OF REC SBURSEN Authorized Comm	IENTS		Office	e Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL OR TYPE OR F		mple:If typing, typ er the lines	e	• • • •	
Friends of Connie		19				
Check if diffe than previous reported. (AC	sly CC) Naples					34 <u>106</u>
2. FEC IDENTIFICA C0039124		3. IS THIS REPORT	NEW (N)	OR X	AMENDED (A)	ZIP CODE ▲ STATE ▼ DISTRICT
July 15		Election on	-Election Report f Primary (12P) Convention (12	C) G	eneral (12G) pecial (12S)	in the State of
Termina	ation Report (TER)	Election on	General (30G)	R	unoff (30R)	in the State of
5. Covering Period	1001	2007	through	12	3 1	2007
I certify that I have exa Type or Print Name of	mined this Report and to the Treasurer Craig		and belief it is tru	ie, correct and co	mplete.	
Signature of Treasurer	f false, erroneous, or incomp	Craig Engle	ubject the person	Date	0 3	07 2008
Office Use Only FE5AN018					F	EC FORM 3 (Revised 02/2003)

mage	mage# 28990545807		SUMMARY PAGE			
	FE	EC Form 3 (Revised 02/2003)	of Receipts and Disbursements			Page 2
V	Vrite or T	ype Committee Name				
F	-riends o	f Connie Mack				
F	Report Co	vering the Period: From:	M M D D Y Y Y Y 10 01 2007	To:	M M M 12 31	Y Y Y Y 2007
			COLUMN A This Period		COLUMN I Election Cycle-to	
6.	Net Co	ntributions (other than loans)				
	· · /	otal Contributions ther than loans) (from Line 11(e))	70940.11] [· · · · · · ·	572132.50
	()	otal Contribution Refunds om Line 20(d))	0.00] [· · · · · · ·	0.00
	• •	et Contributions (other than loans) ubtract Line 6(b) from Line 6(a))	70940.11] [572132.50
7.	Net Op	erating Expenditures	-			
	• •	otal Operating Expenditures om Line 17)	70662.05] [431272.97
	• •	otal Offsets to Operating spenditures (from Line 14)	0.00] [4207.48
	• •	et Operating Expenditures ubtract Line 7(b) from Line 7(a))	70662.05] [427065.49
8.		n Hand at Close of ng Period (from Line 27)	401656.03]		
9.	the Cor	and Obligations Owed TO nmittee (Itemize all on ule C and/or Schedule D)	0.00]		
10.	the Cor	and Obligations Owed BY nmittee (Itemize all on Ile 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

FE5AN018

age# 28990545808 FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name Friends of Connie Mack		
Report Covering the Period: From:	^M M 10 D D Y Y Y Y 10 01 2007	To: 12 D D Y Y Y 31 200
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	34895.00	359028.79
(ii) Unitemized	4503.50	44244.09
(iii) Onternized (iii) TOTAL of contributions from individuals	39398.50	403272.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	31541.61	168859.62
(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	70940.11	572132.50
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
	0.00	0.00
 (b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b)) 	0.00	0.00
4. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	4207.48
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) 	70940.11	576339.98

Image# 28990545809

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 70662.05 431272.97 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 3100.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 70662.05 434372.97 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	401377.97
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	70940.11
25.	SUBTOTAL (add Line 23 and Line 24)	472318.08
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	70662.05
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	401656.03

FEC FORM 3Z-1 (File with Form 3)

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

Name of Candidate			Candidate ID Number
Connie Mack			H4FL14059
Name of Principal Campa Friends of Connie Mack	ign Committee		Committee ID Number C C00391243
Committee Address P.O. Box 519			
City	State	ZIP	
Naples	FL	34106-	
	pre	eceding the year of the ge Primary	neral election General
1. Gross receipts of authorized committees		484422.98	91892.00
2. Aggregate amount of contribu from personal funds of the ca		0.00	0.00
3. Gross receipts minus the can personal contributions		484422.98	91892.00

П	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 6 / 78 (check only one) X X 11a 12 13a 13b 14 14 15
	For commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	e name and address of any political committee t	to solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Daniel Adams Mailing Address 2180 West First Stree	t	Date of Receipt
	Suite 212 City	State Zip Code	1 1 2 0 2 0 0 7 Transaction ID: 80128.C17787
	Fort Myers	FL 33901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	218.00
	Name of Employer George E. Adams, Inc. Receipt For: 2008 X Primary General Other (specify) ▼	Occupation realtor Election Cycle-to-Date ▼ 468.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 B.	Full Name (Last, First, Middle Initial) Adele Amico Mailing Address 21659 Portrush Run		Date of Receipt
			11 08 2007
	City Estero	State Zip Code FL 33928	Transaction ID: 80128.C17752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	119.00
	Name of Employer ADT Security Services	Occupation District Sales Rep	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 219.00	Spending (2 0.3.0. 44 (a(1)/44 (a* 1))
. —	Full Name (Last, First, Middle Initial) Adele Amico		Date of Receipt
	Mailing Address 21659 Portrush Run		12 01 YYYY 12007
	City	State Zip Code	Transaction ID: 80128.C17780
	Estero FEC ID number of contributing federal political committee.	FL 33928	Amount of Each Receipt this Period 119.00
	Name of Employer ADT Security Services	Occupation District Sales Rep	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V 338.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		456.00

or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	ame and address of any political committee to	solicit contributions from such committee.
Friends of Connie Mack		
A. Full Name (Last, First, Middle Initial) Gary Andres Mailing Address 6919 N. 30th St City Arlington FEC ID number of contributing federal political committee. Name of Employer Dutko Group Receipt For: 2008 X Primary General Other (anonicit) =	State Zip Code VA 22213-2615 C Occupation Occupation vice chairman Election Cycle-to-Date ▼	Date of Receipt M M / D / Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Assaf Mailing Address 15860 Sawpit Road City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Liberty Ambulance Service Receipt For: 2008 X Primary General Other (specify) ▼	State Zip Code FL 32226 C Occupation c.e.0 Election Cycle-to-Date ▼ 250.00	Date of Receipt M M / D D / Y
C. Full Name (Last, First, Middle Initial) Mitchell Bainwol Mailing Address 8455 Lee Alan Dr. City Fairfax Station FEC ID number of contributing federal political committee. Name of Employer RIAA Receipt For: 2008 X Primary General Other (specify) ▼	State Zip Code VA 22039-2643 C Occupation Occupation Chairman Election Cycle-to-Date ▼ 2000.00	Date of Receipt 10'24'2007 Transaction ID: 80128.C17717 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)		3050.00

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	for ea Detail	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 8 / 78 (check only one) 11a X 11a 12 13a 13b 14 15 p for the purpose of soliciting contributions
or	Friends of Connie Mack	name and address of a	any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Michael J. Bartlett Mailing Address 134 Evergreen Rd Suite 102			Date of Receipt
	City	State Zip	Code	Transaction ID: 80128.C17777
	Louisville	KY 402	43	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		238.00
	Name of Employer Information Requested Receipt For: 2008 X Primary General	Occupation Information Requ Election Cycle-to-D		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Ulter (specify) ▼ Full Name (Last, First, Middle Initial)	0 0 0 0	238.00	
В.	Warren Bateman Mailing Address PO Box 557395			Date of Receipt 1 2 1 2 2 0 0 7
	City	•	Code	Transaction ID: 80128.C17835
	<u>Miami</u>	FL 332	55-7395	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer retired	Occupation retired		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-D	ate ▼ 300.00	
 C.	Full Name (Last, First, Middle Initial) Gary Bickel			Date of Receipt
	Mailing Address 27588 Bayview Drive, S			M M / D D / Y Y Y Y 12 01 2007
	City Popito Springe	-	Code	Transaction ID: 80128.C17768
	Bonita Springs FEC ID number of contributing federal political committee.	FL 341	34	Amount of Each Receipt this Period
	Name of Employer retired	Occupation retired		Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-D	ate ▼ 859.00	L_I Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			547.00
	OTAL This Period (last page this line number of			

SCHEDULE A (FEC ITEMIZED RECEIP	TS uch Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 9 / 78 (check only one) I1a X 11a 12 13a 13b 14 15 on for the purpose of soliciting contributions
or for commercial purposes, o NAME OF COMMITTEE (Friends of Connie Mac	ther than using the name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Mid Ilene Bickel Mailing Address 27588	, 		Date of Receipt
	Dayview Drive, 3.w.		12 01 2007
City	State	Zip Code	Transaction ID: 80128.C17769
Bonita Springs	FL	34134	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		109.00
Name of Employer Collier County	Occupatio	n	Receipt
	teacher		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 200 X Primary Ge Other (specify)	8 Election C	Cycle-to-Date ▼ 359.00	
	0 0		
Full Name (Last, First, Mid B. Lawrence M. Blau	dle Initial)		Date of Receipt
Mailing Address P. O. E	3ox 475		M M / D D / Y Y Y Y 1 1 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: 80128.C17795
Boca Grande	FL	33921	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		500.00
Name of Employer n/a	Occupatio retired	n	Ecceipt Limit Increased Due to Opponent's Constraints (2010.0.2) (2010.0)
Receipt For: 200 X Primary Ge Other (specify) ▼	8 Election C	Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Mid Sally Bradshaw	dle Initial)		Date of Receipt
-	Dupont Rd		M M / D D / Y Y Y Y 12 05 2007
City	State	Zip Code	Transaction ID: 80128.C17802
Havana	FL	32333-6697	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting C		2300.00
Name of Employer Self Employed	Occupatio Political	n Consultant	Ending (2010) Ending (2010) Ending (2010) Ending (2010)
Receipt For: 200 X Primary Ge Other (specify) ▼	8 Election C	Cycle-to-Date ▼ 2300.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This	s Page (optional)		2909.00
	ge this line number only)		

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 1 son for the purpose of soliciting contributions
or	for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Friends of Connie Mack	ne name and address of any political committee t	to solicit contributions from such committee.
<u>لا</u> م.	Full Name (Last, First, Middle Initial) Mary L. Cluett Mailing Address 4720 Palm Beach Bly	-	Date of Receipt
	City	State Zip Code	Transaction ID: 80128.C17794
	Fort Myers	FL 33905-3637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer retired	Occupation retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 200.00	Spending (2 0.5.C. 441a(I)/441a-1)
	Full Name (Last, First, Middle Initial) Manus M. Cooney Mailing Address 8801 Bel Air Pl		Date of Receipt
		7. 0. 1	10 24 2007
	City	State Zip Code	Transaction ID: 80128.C17716
	Potomac FEC ID number of contributing federal political committee.	MD 20854	Amount of Each Receipt this Period 500.00
	Name of Employer Potomac Counsel, LLC Receipt For: 2008 X Primary General Other (specify) ▼	Occupation c.e.o. Election Cycle-to-Date 500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Lee Cowen		Date of Receipt
-	Mailing Address 14 Rock Falls Ct.		1 2 0 6 Y Y Y Y Y 1 2 0 6 2 0 0 7
	City	State Zip Code	Transaction ID: 80128.C17806
	Potomac	MD 20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dutko Worldwide	Occupation senior vice president	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 500.00	
	SUBTOTAL of Receipts This Page (optional)	1	▶ 1100.00

[]	CHEDULE A (FEC Form 3) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
	Any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	e name and ad	ldress of any political committee to	 Solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Charles Dauray Mailing Address P.O. Box 97 City	State	Zip Code	Date of Receipt
	Estero	FL	33928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		119.00
	Name of Employer College of Life Foundatio- n, In Receipt For: 2008 X Primary General Other (specify) ▼	Occupatio chairma Election (Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
— З.	Full Name (Last, First, Middle Initial) Alfred Desimone Mailing Address 2110 N. Ocean Dr.			Date of Receipt
	City	State	Zip Code	Transaction ID: 71015.C17709
	Fort Lauderdale FEC ID number of contributing federal political committee.	FL	33305	Amount of Each Receipt this Period
	Name of Employer Information Requested Receipt For: 2008 X Primary General		on tion Requested Cycle-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)		250.00	
 c	Full Name (Last, First, Middle Initial) Louise Dowd			Date of Receipt
	Mailing Address 2999 Gardens Blvd.			M M / D D / Y Y Y Y 1 1 1 17 2007
	City Naples	State FL	Zip Code 34105-5694	Transaction ID: 80128.C17791 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		109.00
	Name of Employer retired	Occupation of the occupation o		Receipt Limit Increased Due to Opponent's Spanding (2 U S C 441o()/441o 1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 209.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)			478.00
	SUBTOTAL of Receipts This Page (optional) .			478.00

ITEMIZED	copied from such Reports and St	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 12 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 on for the purpose of soliciting contributions 12 13 13 14 15
NAME OF CO	DMMITTEE (In Full) Connie Mack	name and add	dress of any political committee to	o solicit contributions from such committee.
A. Melissa Foulac Mailing Addre City Washingtor FEC ID numb federal politica Name of Emp Stoladi Prope Receipt For: X Primary	ss 2016 Hillyer PI NW er of contributing al committee. loyer rty Group 2008	State DC C Occupation vice pres Election C		Date of Receipt Date of Receipt Date of Receipt D D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D Y Y Y D D D / Y Y Y Y Y D D D / Y Y Y Y Y D Y Y Y D D D / Y Y Y Y Y D Y Y Y D D D / Y Y Y Y Y D Y Y D D D / Y Y Y Y Y D Y Y D D D / Y Y Y Y Y D Y Y D Y Y Y D D D / Y Y Y Y Y D Y Y D D D / Y Y Y Y Y D Y Y D Y Y Y Y Y Y D Y Y D Y Y Y Y
B. Full Name (La Robert Furek Mailing Addre City <u>Marco Islan</u> FEC ID numb federal politica Name of Emp retired Receipt For: X Primary	ast, First, Middle Initial) ss 1370 Cutler Ct. d er of contributing al committee. loyer 2008	State FL Occupation retired Election C	Zip Code 34145 n Cycle-to-Date V 500.00	Date of Receipt 1 2 / 1 4 / 2 0 0 7 Transaction ID: 80128.C17834 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. Manuel Garcia Mailing Addre City Tampa FEC ID numb federal politica Name of Emp retired Receipt For: X Primary	ss 4933 New Providence / er of contributing al committee. loyer 2008	State FL C Occupation retired	Zip Code 33629 n Cycle-to-Date V 1000.00	Date of Receipt M M / D 0 / Y
SUBTOTAL of	Receipts This Page (optional)			3250.00

[]	CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 13 / 78 (check only one) X X 11a 12 13a 13b 14 15
0	NAME OF COMMITTEE (In Full)	e name and address of any political committee to	solicit contributions from such committee.
<u>۷</u> ۹.	Full Name (Last, First, Middle Initial) John Hannan Mailing Address Laurel Oaks Unit No: 3	832-105	Date of Receipt
	832 Tanbark Drive		10 20 2007
	City	State Zip Code	Transaction ID: 80128.C17826
	Naples FEC ID number of contributing	FL 34108-8573	Amount of Each Receipt this Period
	federal political committee.		100.00
	Name of Employer	Occupation	Receipt
	retired	retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 100.00	
	Full Name (Last, First, Middle Initial) John Hannan		Date of Receipt
	Mailing Address Laurel Oaks Unit No: 8 832 Tanbark Drive		M M / D P Y
	City	State Zip Code	Transaction ID: 80128.C17760
	Naples FEC ID number of contributing federal political committee.	FL 34108-8573	Amount of Each Receipt this Period
	Name of Employer retired	Occupation retired	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 200.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) John Hannan	I	Date of Receipt
	Mailing Address Laurel Oaks Unit No: 8 832 Tanbark Drive	832-105	M M / D D / Y Y Y Y 11 1 20 2007
	City	State Zip Code	Transaction ID: 80128.C17827
	Naples	FL 34108-8573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer retired	Occupation retired	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V 300.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)	1	300.00

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 78 (check only one) Image: Check only one) X 11a 11b Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one)
or	NAME OF COMMITTEE (In Full)	he name and add	ress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John Hannan Mailing Address Laurel Oaks Unit No:	832-105		Date of Receipt
	832 Tanbark Drive	Ctoto	Zin Code	
	City Naples	State FL	Zip Code 34108-8573	Transaction ID: 80128.C17759
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer retired Receipt For: 2008 X Primary General Other (specify) ▼	Occupation retired Election C	ycle-to-Date ▼ 400.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Dorothea Hebebrand Mailing Address 7870 SW 70th Street City	State	Zip Code	Date of Receipt 10 2007 Transaction ID: 71010.C17615
	Miami	FL	33143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer retired Receipt For: 2008 X Primary General Other (specify) ▼	Occupation retired Election C	ycle-to-Date ▼ 252.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Thomas Irving			Date of Receipt
	Mailing Address 1765 Brookside Ln			12 06 YYYY 12007
	City	State	Zip Code	Transaction ID: 80128.C17809
	Vienna	VA	22182-1922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Finnegan Henderson LLP	Occupation attorney	1	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼		vcle-to-Date 2300.00	
Γ	UBTOTAL of Receipts This Page (optional) .	1		2435.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 78 (check only one) I1a 11b 11c 11d I 11a 11b 11c 11d 11d I 12 I3a I3b I4 15 on for the purpose of soliciting contributions Interview Interview Interview Interview
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Friends of Connie Mack	ing the name and address of any political committee to	solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Constance A. Jones Mailing Address 20103 Cheetah I City	_N State Zip Code	Date of Receipt 1 2 0 1 2 0 0 7 Transaction ID: 80128.C17775
Estero	FL 33928-2006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		218.00
Name of Employer Information Requested Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 218.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Lavigne Ann Kirkpatrick Mailing Address 420 Widgeon Po	inte	Date of Receipt
		12 01 2007
City	State Zip Code	Transaction ID: 80128.C17767
Naples	FL 34105-2434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	218.00
Name of Employer Information Requested	Occupation Information Requested	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 218.00	
Full Name (Last, First, Middle Initial) Martin Klingenberg		Date of Receipt
Mailing Address 1455 Blue Paint		1 1 / 2 6 / Y Y Y Y 0 0 7
City Naples	State Zip Code FL 34102	Transaction ID: 80128.C17797
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 218.00
Name of Employer Self Employed	Occupation attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V 718.00	Spending (2 0.5.0. 4418(I)/4418-1)
SUBTOTAL of Receipts This Page (opti	onal)	654.00
TOTAL This Period (last page this line n	umber only)	

IT Ar	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 78 (check only one) I1a X 11a 12 13a 13b 14 on for the purpose of soliciting contributions
or	for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Friends of Connie Mack	the name and address of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Robert Konrad		Date of Receipt
	Mailing Address		10 ^{M M} /10 ^{J D} / <u>Y Y Y</u> 107
	City	State Zip Code	Transaction ID: 71012.C17627 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Information Requested Receipt For: 2008	Occupation Information Requested Election Cycle-to-Date ▼	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	200.00	
	Full Name (Last, First, Middle Initial) Robert Konrad		Date of Receipt
	Mailing Address		M M / D D / Y Y Y Y 10 10 2007
	City	State Zip Code	Transaction ID: 71012.C17626 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Information Requested Receipt For: 2008	Occupation Information Requested Election Cycle-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	2500.00	
	Full Name (Last, First, Middle Initial) Justin W. Lilley		Date of Receipt
	Mailing Address 5729 Potomac Aven	ue, N.W.	1 1 0 9 2 0 0 7
	City	State Zip Code	Transaction ID: 80128.C17758
	Washington	DC 20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00 Receipt
	Name of Employer self-employed	Occupation attorney	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	UPTOTAL of Description This Descriptional)	3500.00

I	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS Any information copied from such Reports and 3 or for commercial purposes, other than using the	Statements ma e name and ad	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 17 / 78 (check only one) I1a X 11a 12 13a 13b 14 15 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
A.	Full Name (Last, First, Middle Initial) Michael Lyster Mailing Address 5931 Barclay Lane City Naples FEC ID number of contributing federal political committee. Name of Employer retired Pageint Ear: 2008	State FL C Occupation retired		Date of Receipt 10 29 2007 Transaction ID: 80128.C17729 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Charles W Matthews Mailing Address 2266 Windward Way	•		Date of Receipt
	City	State	Zip Code	Transaction ID: 80128.C17724
	Naples FEC ID number of contributing federal political committee.	FL	34103-4763	Amount of Each Receipt this Period
	Name of Employer Matthews Inc. Receipt For: 2008 X Primary General Other (specify) ▼	Occupation business Election (Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
- C.	Full Name (Last, First, Middle Initial) Michael McCleod Mailing Address 10070 Magnolia Point			Date of Receipt
	Mailing Address 10070 Magnolia Point	le		1 2 / 1 5 / Y Y Y Y 1 2 0 0 7
	City Fort Myers	State FL	Zip Code	Transaction ID: 80128.C17833
	FOR Myers FEC ID number of contributing federal political committee.	С	33919-4218	Amount of Each Receipt this Period
	Name of Employer Florida Cancer Specialists Receipt For: 2008	Occupation physicial Election 0		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		300.00]
ſ	SUBTOTAL of Receipts This Page (optional) .			1100.00
Ī	TOTAL This Period (last page this line number	r only)		

1	CHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 78 (check only one) I1a 11b 11c 11d I2 I3a I3b I4 15
0	NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) John McGarvey Mailing Address 5051 Pelican Colony I No. 1904	Blvd		Date of Receipt
	City	State	Zip Code	Transaction ID: 80128.C17796
	Bonita Springs	FL	34134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		218.00
	Name of Employer McGarvey Development Co. Receipt For: 2008 X Primary General Other (specify) ▼	Occupation executive Election C		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) Dennis McGillicuddy Mailing Address 1 Snapper Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: 80128.C17815
	Falmouth	MA	02540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Woods Hole	Occupation scientist	n	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	zycle-to-Date ▼ 200.00	
— C.	Full Name (Last, First, Middle Initial) Charles McMahon			Date of Receipt
	Mailing Address 14834 Fripp Island Ct			M M / D D / Y Y Y Y 12 01 2007
	City	State FL	Zip Code	Transaction ID: 80128.C17766
	Naples FEC ID number of contributing federal political committee.	C	34119	Amount of Each Receipt this Period
	Name of Employer Information Requested	Occupation Informati	n on Requested	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	zycle-to-Date ▼ 218.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional) .	_		536.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 78 (check only one) 11a X 11a 12 13a 13b 14 15 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack			
A.	Full Name (Last, First, Middle Initial) Kathryn L. McMichael Mailing Address 4121 Lorene Drive Unit 302			Date of Receipt
	City	State	Zip Code	Transaction ID: 80128.C17762
	Estero	FL	33928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		218.00
	Name of Employer Information Requested Receipt For: 2008 X Primary General Other (specify) ▼		n on Requested ycle-to-Date 218.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
- B.	Full Name (Last, First, Middle Initial) Of Mission Indians Morongo Band			Date of Receipt
	Mailing Address Native American Righ 11581 Potrero Rd	nts Fund		M M / D D / Y Y Y Y 1 1 02 2007
	City	State	Zip Code	Transaction ID: 80128.C17746
	<u>Banning</u>	CA	92220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Information Requested		on Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	ycle-to-Date 🔻	
	X Primary General Other (specify)	0 0	1000.00]
- С.	Full Name (Last, First, Middle Initial) Ellis Naegele			Date of Receipt
	Mailing Address 7993 Via Vecchia		7	1 2 / D D / Y Y Y Y 1 3 2 0 0 7
	City Naples	State FL	Zip Code	Transaction ID: 80128.C17847
	FEC ID number of contributing federal political committee.	C	34108	Amount of Each Receipt this Period
	Name of Employer Homemaker	Occupation homemal		Ecceipt Limit Increased Due to Opponent's Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 350.00	Spending (2 U.S.C. 441a(i)/441a-1)
ſ	SUBTOTAL of Receipts This Page (optional)			1468.00
F	TOTAL This Period (last page this line number	r only)		

ITE	HEDULE A (FEC Form 3) MIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 20 / 78 (check only one) Image: Check only one) X 11a 11b 11c 11d I 12 13a 13b 14 1 on for the purpose of soliciting contributions promoutions from such committee 10 10 10
	IAME OF COMMITTEE (In Full) Friends of Connie Mack	e name and au	dress of any political committee to	
. <u>F</u>	iull Name (Last, First, Middle Initial) Robert O. Naegele failing Address 7993 Via Vecchia			Date of Receipt
	Dity	State	Zip Code	1 2 1 3 2 0 0 7 Transaction ID: 80128.C17846
	Vaples	FL	34108	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
re 	lame of Employer etired Receipt For: 2008	Occupation retired	on Cycle-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		350.00]
. <u>J</u>	ull Name (Last, First, Middle Initial) ulie Nichols			Date of Receipt
N	Aailing Address P. O. Box 3812			1 1 0 8 Y Y Y Y 1 1 1 0 8 2 0 0 7
C	Sity	State	Zip Code	Transaction ID: 80128.C17793
<u> </u>	Placida	FL	33946	Amount of Each Receipt this Period
F fe	EC ID number of contributing ederal political committee.	C		1000.00
N re	lame of Employer etired	Occupation retired	on	Receipt Limit Increased Due to Opponent's
R	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	ull Name (Last, First, Middle Initial) ennifer Nixon			Date of Receipt
N	Aailing Address 416 Morningside Drive	е		M M / D D / Y Y Y Y 10 09 2007
	.akeland	State FL	Zip Code	Transaction ID: 80128.C17710
F	EC ID number of contributing ederal political committee.	C	33803-2644	Amount of Each Receipt this Period
р	lame of Employer lighland Center for Ortho- bedic Receipt For: 2008 X Primary General Other (specify) ▼	Occupation doctor Election (on Cycle-to-Date ▼ 250.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	BTOTAL of Receipts This Page (optional) .			1500.00

ľ	SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person the name and address of any political committee to	FOR LINE NUMBER: PAGE 21 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 1 n for the purpose of soliciting contributions contributions contributions
	NAME OF COMMITTEE (In Full) Friends of Connie Mack	The name and address of any political committee to	solicit contributions from such committee.
۷ ۹.	Full Name (Last, First, Middle Initial) Jeffrey Peck Mailing Address 13850 N.W. 105th	Δυσημο	Date of Receipt
		Avenue	
	City	State Zip Code	Transaction ID: 71012.C17628
	Hialeah	FL 33016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Southern Refrigeration En-	Occupation	Receipt
	<u>q</u> .	owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	
	Other (specify)	2300.00	
. –	Full Name (Last, First, Middle Initial) Jeffrey Peck		Date of Receipt
	Mailing Address 13850 N.W. 105th	M M / D D / Y Y Y Y 10 10 2007	
	City	State Zip Code	Transaction ID: 71012.C17629
	Hialeah	FL 33016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Southern Refrigeration En-	Occupation	Receipt
	<u>g</u> .	owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ♥	Election Cycle-to-Date 4600.00]
. –	Full Name (Last, First, Middle Initial) George Perreault		Date of Receipt
	Mailing Address 7336 Captain Kidd	Avenue	M M / D D / Y Y Y Y 111 26 2007
	City	State Zip Code	Transaction ID: 80128.C17783
	Sarasota	FL 34231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation investor	Receipt Limit Increased Due to Opponent's Spanding (2 U S C 4410)(4410 1)
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	1500.00]
Γ		1	5100.00

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 22 / 78 (check only one) X X 11a 12 13a 13b 14 14 1 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	he name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Thomas Piper Mailing Address 2021 Valparaiso Blvd			Date of Receipt
	·		7.0.1	12 01 2007
	City Fort Myers	State FL	Zip Code 33917	Transaction ID: 80128.C17765
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer retired Receipt For: 2008 X Primary General Other (specify) ▼	Occupation retired Election C	n Eycle-to-Date ▼ 718.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Van Poole Mailing Address 106 E. College Ave., #	#1100		Date of Receipt
	City	State	Zip Code	1 2 0 4 2 0 0 7 Transaction ID: 80128.C17803
	Tallahassee	FL	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Poole, McKinley & Blosser	Occupation govt. affa		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	zycle-to-Date ▼ 250.00	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Full Name (Last, First, Middle Initial) Gary Price			Date of Receipt
	Mailing Address 3120 Leeward Lane			M M / D D / Y Y Y Y 10 / 26 / 2007
	City	State	Zip Code	Transaction ID: 80128.C17738
	Naples	FL	34103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Receipt
	Name of Employer Naples City Council	Occupation council m	nember	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼		sycle-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional).			568.00

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Friends of Connie Mack	Statements may no ne name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Stephen Price Mailing Address 1400 N. 15th Street			Date of Receipt
	City Immokalee	State FL	Zip Code 34142	Transaction ID: 80128.C17848 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Florida Comm. Bank	C Occupation chairman		Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼		e-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
- B.	Full Name (Last, First, Middle Initial) David Rattner Mailing Address 23 Catalpa Ct	1		Date of Receipt
	City	State	Zip Code	Transaction ID: 80128.C17776
	Fort Myers FEC ID number of contributing federal political committee.	FL C	33919-7500	Amount of Each Receipt this Period
	Name of Employer NorthAm Properties Receipt For: 2008	Occupation real estate Election Cycle	e-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		318.00]
- C.	Full Name (Last, First, Middle Initial) Jason Roe Mailing Address 106 Summers Drive	•		Date of Receipt
		Quality	7'- 0 - 4-	11 30 2007
	City Alexandria	State VA	Zip Code 22301	Transaction ID: 80128.C17801 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Federal Strategy Group Receipt For: 2008	Occupation managing p Election Cycle		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		500.00]
ſ	SUBTOTAL of Receipts This Page (optional) .			1718.00
ľ	TOTAL This Period (last page this line number	er only)	·····	

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 78 (check only one) 11a X 11a 12 13a 13b 14 15 on for the purpose of soliciting contributions
or for commercial purposes, other than NAME OF COMMITTEE (In Full) Friends of Connie Mack	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Herbert J. Rowe Mailing Address 4601 Gulf Sho	re Blvd N Apt 12	Date of Receipt
Apt. 12		11 15 2007
City	State Zip Code	Transaction ID: 80128.C17743
Naples	FL 34103-2214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	218.00
Name of Employer retired	Occupation	- Receipt
	retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1618.00	
Full Name (Last, First, Middle Initial) B. lan Schmoyer		Date of Receipt
Mailing Address 1031 Edgemer Edgemere Dr		1 2 / D D / Y Y Y Y 0 1 / 2 0 0 7
City Fort Myers	State Zip Code FL 33919-2607	Transaction ID: 80128.C17771
FEC ID number of contributing federal political committee.	FL 33919-2607	Amount of Each Receipt this Period
Name of Employer CC Turner, Inc.	Occupation developer	Receipt Limit Increased Due to Opponent's Spanning (OLLO O, MAr())(Add o d)
Receipt For:2008XPrimaryGeneralOther (specify)▼	Election Cycle-to-Date ▼ 2125.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Jerry H. Schmoyer		Date of Receipt
Mailing Address 1372 Osceola	Drive	M M / D D / Y Y Y Y 12 01 2007
City	State Zip Code	Transaction ID: 80128.C17770
Fort Myers	FL 33901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Miromar Development	Occupation developer	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For:2008XPrimaryGeneralOther (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (or	otional)	843.00
	e number only)	

I	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
	NAME OF COMMITTEE (In Full) Friends of Connie Mack	e name and address of any political committee	to solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Lindsey Schmoyer Mailing Address 1031 Edgemere Dr.		Date of Receipt
	City	State Zip Code	Transaction ID: 80128.C17772
	Fort Myers	FL 33919-2607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Information Requested Receipt For: 2008 X Primary General Other (specify) ▼	Occupation real estate broker Election Cycle-to-Date 425.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
– В.	Full Name (Last, First, Middle Initial) Constance Shank		Date of Receipt
	Mailing Address 23773 Creek Branch	Ln	12 01 Y Y Y Y 12 01
	City	State Zip Code	Transaction ID: 80128.C17774
	Bonita Springs	FL 34135-4013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	119.00
	Name of Employer retired	Occupation retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 519.00	
– C.	Full Name (Last, First, Middle Initial) William Simmons		Date of Receipt
	Mailing Address 3545 North Utah Stre	pet	12 / D D / Y Y Y Y 12 / 04 / 2007
	City	State Zip Code	Transaction ID: 80128.C17808
	Arlington	VA 22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Dutko Group	Occupation consultant	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•	744.00
F	TOTAL This Period (last page this line number	er only)	•

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 78 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 on for the purpose of soliciting contributions application purpose of soliciting contributions 12 13 14 15
	NAME OF COMMITTEE (In Full) Friends of Connie Mack	ne name and add	aress of any political committee to	o solicit contributions from such committee.
<u>۷</u> .	Full Name (Last, First, Middle Initial) Kermit S. Sutton Mailing Address 715 Tenth Street, S.			Date of Receipt
	<u>Cita</u>	Otata	Zin Onde	
	City Naples	State FL	Zip Code 34102	Transaction ID: 71010.C17619 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed Receipt For: 2008 X Primary General Other (specify) ▼	Occupation self empl Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 3.	Full Name (Last, First, Middle Initial) Patricia Swindle Mailing Address 137 Clarke Ave			Date of Receipt
	City	State	Zip Code	
	Palm Beach	FL	33480-6122	Transaction ID: 80128.C17733 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Homemaker	Occupation homema		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Thomas Sylte			Date of Receipt
	Mailing Address 2630 Paradise Point	Drive		M M / D D / Y Y Y Y 10 24 2007
	City	State	Zip Code	Transaction ID: 80128.C17824
	Pensacola FEC ID number of contributing federal political committee.	FL	32503	Amount of Each Receipt this Period
	Name of Employer Reiton Co	Occupation manager		Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 400.00	Spending (2 U.S.C. 441a(i)/441a-1)
				1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 78 (check only one) X X 11a 11b 11c 12 13a 13b 14
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Friends of Coppie Mack	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
Friends of Connie Mack Full Name (Last, First, Middle Initial) Kevin Thomas Mailing Address 766 17th Ave South City Naples FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: 2008	State Zip Code FL 34102 C Occupation developer Election Cycle-to-Date ▼	Date of Receipt Date of Receipt D D D / Y Y Y Y Y 2007 Transaction ID: 80128.C17736 Amount of Each Receipt this Period 200.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cathy Thompson Mailing Address 1318 Wales Drive	200.00	Date of Receipt
City <u>Fort Myers</u> FEC ID number of contributing federal political committee.	State Zip Code FL 33901	M M M D D O Y
Name of Employer retired Receipt For: 2008 X Primary General Other (specify) ▼	Occupation retired Election Cycle-to-Date ▼ 819.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Donna Tilton Mailing Address 18810 Serenoa Ct	•	Date of Receipt
City <u>Alva</u> FEC ID number of contributing federal political committee.	State Zip Code FL 33920	Transaction ID: 80128.C17819 Amount of Each Receipt this Period 20.00
Name of Employer Homemaker Receipt For: 2008 X Primary General Other (specify) ▼	Occupation homemaker Election Cycle-to-Date ▼ 270.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		339.00

	-		[Ţ
	SCHEDULE A (FEC Form 3)		Use separate	schedule(s)	FOR LINE NUMBER: PAGE 28 / 78
			for each cate		(check only one)
		Detailed Sum	mary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may name and add	y not be sold or u dress of any polit	sed by any persor ical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	Friends of Connie Mack				
Α.	Full Name (Last, First, Middle Initial) William Townsend				Date of Receipt
	Mailing Address 15291 Broken J Ranch	Road			M M / D D / Y Y Y Y 12 15 2007
	City	State	Zip Code		Transaction ID: 80128.C17821
	Fort Myers	FL	33905		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer	Occupation	n		- Receipt
	retired	retired			Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date	,	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	U U U U	200.00	
В.	Full Name (Last, First, Middle Initial) Vin Weber				Date of Receipt
	Mailing Address 601 13th Street, N.W.,	#4105			M M / D D / Y Y Y Y 12 14 2007
	City	State	Zip Code		Transaction ID: 80128.C17818
	Washington	DC	20005		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Vin Weber	Occupatio	n		- Receipt
	Vin Weber	consultar	nt		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date	7	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	0 0 0 0	1000.00	

SUBTOTAL of Receipts This Page (optional)	►	1100.00
TOTAL This Period (last page this line number only)	►	34895.00

ľ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Z A.	Full Name (Last, First, Middle Initial) Aircraft Owners & Pilots Assn. PAC Mailing Address 601 Pennsylvania Ave	., NW	Date of Receipt
	Suite 875, South Bldg		10 17 2007
	City Washington	State Zip Code DC 20004	Transaction ID: 80128.C17722
	FEC ID number of contributing federal political committee.	C C00131185	Amount of Each Receipt this Period
	Name of Employer	Occupation	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 3500.00	Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) Amer. Resort Development Assn. ROC-PAC		Date of Receipt
	Mailing Address 1201 15th Street, NW	M M / D D / Y Y Y Y 10 / 03 / 2007	
	City	State Zip Code	Transaction ID: 80128.C17713
	Washington FEC ID number of contributing federal political committee.	DC 20005 C C00358663	Amount of Each Receipt this Period
	Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
_ С.	Full Name (Last, First, Middle Initial) American Bankers Association PAC	Date of Receipt	
	Mailing Address 1120 Connecticut Ave		1 2 / D D / Y Y Y Y 1 3 / 2 0 0 7
	City	State Zip Code	Transaction ID: 80128.C17845
	Washington FEC ID number of contributing federal political committee.	DC 20036 C C00004275	Amount of Each Receipt this Period
	Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 4500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Γ	SUBTOTAL of Receipts This Page (optional)		3000.00
	TOTAL This Period (last page this line number		•

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page tatements may not be sold or used by any p	$\begin{array}{c c} \hline \\ \hline $
	NAME OF COMMITTEE (In Full) Friends of Connie Mack	name and address of any political committ	ee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) American Hospital Assoc. PAC Mailing Address 325 7th Street, N.W.	Date of Receipt	
	City	State Zip Code	
	Washington	State Zip Code DC 20004	Transaction ID: 80128.C17804 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00106146	1500.00
	Name of Employer	Receipt	
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
. —	Full Name (Last, First, Middle Initial) Avaya Inc. Pac		Date of Receipt
	Mailing Address 1212 New York Ave Nu Suite 1212		M M / D D / Y Y Y Y 1 1 1 30 2007
	City	State Zip Code	Transaction ID: 80128.C17805
	Washington FEC ID number of contributing federal political committee.	DC 20005 C C00363382	Amount of Each Receipt this Period
	Name of Employer	Occupation	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Conservative & Republican Together		Date of Receipt
	Mailing Address Equals Results 7315 Wisconsin Ave		M M / D D / Y
	City	State Zip Code	Transaction ID: 80128.C17812
	Bethesda	MD 20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00427401	1000.00
	Name of Employer	Occupation	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		3500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person the name and address of any political committee to	FOR LINE NUMBER: PAGE 31 / 78 (check only one) 11a 11a 11b 11c 11d 12 13a 13b 14 15 n for the purpose of soliciting contributions solicit contributions from such committee. 11a 11b 11b		
NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Deloitte & Touche Federal PAC Mailing Address P. O. Box 365		Date of Receipt		
City	State Zip Code	Transaction ID: 80128.C17744		
Washington	DC 20044	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C C00211318	2000.00		
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's		
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)		
B. Full Name (Last, First, Middle Initial) Emp. of Northrop Grumman Corp. PAC	Emp. of Northrop Grumman Corp. PAC			
Mailing Address 520 S. Grand Aven	Mailing Address 520 S. Grand Avenue, #700			
City	State Zip Code	Transaction ID: 80128.C17750		
Los Angeles	CA 90071	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C C00088591	1000.00		
Name of Employer	Occupation	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 		
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00			
Full Name (Last, First, Middle Initial) Federal Express PAC				
Mailing Address 942 S. Shady Grov First Floor		10 ^{//} 05 [/] 2007		
City	State Zip Code TN 38120	Transaction ID: 71010.C17618		
Memphis FEC ID number of contributing federal political committee.	TN 38120 C C00068692	Amount of Each Receipt this Period 5000.00		
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's		
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)		
SUBTOTAL of Receipts This Page (optional	l)	8000.00		
	ber only)			

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for eac Detaile	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 32 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15 pp for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Connie Mack	aname and address of ar	ny political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) FPL Employees PAC Mailing Address 801 Pennsylvania Ave	nue NW		Date of Receipt
	Suite 220 City	State Zip C	Code	1 0 1 6 2 0 0 7 Transaction ID: 80128.C17732
	Washington	'	04-2604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00064774		1000.00
	Name of Employer	Occupation		Receipt
	Receipt For: 2008	Election Cycle-to-Da	ate 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2000.00]
B.	Full Name (Last, First, Middle Initial) Honeywell International PAC	1		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 500 West			10 ^M /29 ^Y YYY 2007
	City State Zip Code			Transaction ID: 80128.C17741
	Washington FEC ID number of contributing federal political committee.	DC 2000 C C00096156	U U U	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation		Receipt
	Receipt For: 2008	Election Cycle-to-Da	ate 🔻	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00]
C.	Full Name (Last, First, Middle Initial) KochPAC			Date of Receipt
	Mailing Address 655 15th Street, NW Suite 445			M M / D D / Y Y Y Y Y 111 06 2007
	City	State Zip C		Transaction ID: 80128.C17747
	Washington	DC 2000	05	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00236489		500.00
	Name of Employer Occupation			Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X General Other (anersity) =	Election Cycle-to-Da	ate ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
-	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 33 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
NAME OF COMMITTEE (In Full) Friends of Connie Mack	e name and address of any political committee to	solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) KochPAC Mailing Address 655 15th Street, NW Suite 445 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008	State Zip Code DC 20005 C C00236489 Occupation Election Cycle-to-Date	Date of Receipt M M / 0 0 / 2 0 7 Transaction ID: 80128.C17748 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marlowe PAC	5500.00	Date of Receipt
Mailing Address 1667 K Street NW Suite 480 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	State Zip Code DC 20006 C C00426551 Occupation Election Cycle-to-Date ▼ 500.00	M M J D J Y
Full Name (Last, First, Middle Initial) National Auto Dealers Association Mailing Address 8400 Westpark Drive City McLean FEC ID number of contributing federal political committee. Name of Employer	State Zip Code VA 22102 C C00040998 Occupation	Date of Receipt M M / D D / Y Y Y Y Transaction ID: 80128.C17751 Amount of Each Receipt this Period 1000.00 Receipt
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number	-	

Γ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15 erson for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	name and address of any political committe	e to solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) National Beer Wholesalers Asso. PAC Mailing Address 1100 King Street, Suit	e 600	
	City	10292007 Transaction ID: 80128.C17721	
	Alexandria	State Zip Code VA 22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00144766	1500.00
	Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) National Restaurant Assoc. PAC		Date of Receipt
	Mailing Address 1200 17th Street, N.W	12 12 Y Y Y Y 12 12 2007	
	City	State Zip Code	Transaction ID: 80128.C17842
	Washington	DC 20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00003764	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 2000.00	
с. —	Full Name (Last, First, Middle Initial) NSSGA ROCKPAC	l	Date of Receipt
	Mailing Address 1605 King Street		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: 80128.C17715
	Alexandria FEC ID number of contributing federal political committee.	VA 22314 C C00089458	Amount of Each Receipt this Period
	Name of Employer	Occupation	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		3500.00
	TOTAL This Period (last page this line number		•

TI	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	for each cate Detailed Sur	nmary Page	FOR LINE NUMBER: PAGE 35 / 78 (check only one) 11a 11a 11b X 12 13a 13b
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	tatements may not be sold or name and address of any poli	used by any persor itical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>لا</u> م.	Full Name (Last, First, Middle Initial) PCI PAC Mailing Address 2600 S. River Road			Date of Receipt
	City	State Zip Code		Transaction ID: 80130.C18030
	Des Plaines	IL 60018		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00066472		1000.00
	Name of Employer	Occupation		Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date	1000.00	- Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Physical Therapy PAC Mailing Address 1111 N. Fairfax Street			Date of Receipt
	City	State Zip Code		
	Alexandria	VA 22314		Transaction ID: 80128.C17742 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00012880		1000.00
	Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Election Cycle-to-Date	2500.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Recording Industry Assn of America PAC	l		Date of Receipt
	Mailing Address 1025 F Street, NW Suite 1000	-		M M / D D / Y Y Y Y 10 24 2007
	City Washington	State Zip Code DC 20004		Transaction ID: 80128.C17811
	FEC ID number of contributing federal political committee.	DC 20004 C C00009357		Amount of Each Receipt this Period 41.61
	Name of Employer	Occupation		 In-Kind Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date	▼ 41.61	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)	1		2041.61

SCHEDULE A	(FEC Form 3) EIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 78 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 1					
Any information copied or for commercial purp NAME OF COMMIT Friends of Conni	oses, other than using the n ITEE (In Full)	atements may n name and addre	ot be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) Recording Industry Assn of America PAC Mailing Address 1025 F Street, NW Suite 1000				Date of Receipt					
City		State	Zip Code	Transaction ID: 80128.C17718					
Washington		DC	20004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼		C C00009357 Occupation Election Cycle-to-Date ▼ 2041.61		2000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
					Full Name (Last, First, Middle Initial) Reinsurance Assoc. of Amer. PAC, Inc.				Date of Receipt
					Mailing Address 1301 Pennsylvania Ave., N.W., #900			10 ^D 05 ^J 2007	
City		State	Zip Code	Transaction ID: 71010.C17617					
Washington		DC	20004	Amount of Each Receipt this Period					
FEC ID number of c federal political com		C C002	56453	1000.00					
Name of Employer		Occupation		Enceipt Limit Increased Due to Opponent's					
Receipt For: X Primary Other (specify	2008 General /) ▼	Election Cyc	ele-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)					
Full Name (Last, First, Middle Initial) Union Pacific PAC				Date of Receipt					
Mailing Address 600 Thirteenth Street, SW Suite 340				M M / D D / Y Y Y Y 10 / 30 / 2007					
City Washington				Transaction ID: 80128.C17739					
FEC ID number of c			20005	Amount of Each Receipt this Period					
federal political com	mittee.		10470	Receipt					
		Occupation		Limit Increased Due to Opponent's					
Receipt For: X Primary Other (specify	2008 General ') ▼	Election Cyc	2000.00						
	ots This Page (optional)			4000.00					

	A CHEDULE A (FEC Form 3) TEMIZED RECEIPTS In y information copied from such Reports and S r for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 78 (check only one) 11a 11a 11b X 12 13a 13b 14 15 13c contributions Solicit contributions solicit contributions
	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
∠ A.	Full Name (Last, First, Middle Initial) Verizon Communications Inc			Date of Receipt
	Mailing Address Good Government Clu 771 Parkway Ave.	ub		M M / D D / Y
	City	State	Zip Code	Transaction ID: 80128.C17740
	Trenton FEC ID number of contributing federal political committee.	NJ C COC	08618 0186288	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) Walt Disney Co. Employees PAC Mailing Address 1150 17th Street, N.W	I /., #400		Date of Receipt
	City	State	Zip Code	10 18 2007 Transaction ID: 80128.C17719
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00)197749	1000.00
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	
с	Full Name (Last, First, Middle Initial) Warner Music Group Corp. PAC Mailing Address 75 Rockefeller Plaza			Date of Receipt
				10 [/] 24 [/] 2007
	City <u>New York</u>	State NY	Zip Code 10019-6908	Transaction ID: 80128.C17749 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.)411074	500.00
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 500.00	L_I Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 78 (check only one) 11a 11a 11b X 12 13a 13b 14
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Williams & Jensen PAC Mailing Address 1155 21st Street, NW Suite 300			Date of Receipt
	City Washington	State DC	Zip Code 20036	Transaction ID: 80128.C17745 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0039206	500.00
	Name of Employer	Occupatio	n	Receipt
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 500.00	- Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	31541.61

TEMIZED D	B (FEC Form 3) DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		rone) X 17 18 19a 19b 20a 20b 20c 21
or for commercial p				or the purpose of soliciting contributions icit contributions from such committee
Friends of Co	()			
	st, First, Middle Initial) kelstein & Assoc. s 16 N. Astor Street			Transaction ID: 71010.E3654 Date of Disbursement 10^{M} / 02^{D} / 2007^{Y}
City		State Zip Code		Amount of Each Disbursement this Perio
Irvington		NY 10533-		
Purpose of Dis political consul Candidate Nan	ting fee		Category/ Type	2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼		POLITICAL CONSULTING FEE
	st, First, Middle Initial) kelstein & Assoc.			Transaction ID: 71010.E3658 Date of Disbursement
Mailing Addres	s 16 N. Astor Street			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 0 \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} $
City Irvington		StateZip CodeNY10533-		Amount of Each Disbursement this Perio
Purpose of Dis travel expenses Candidate Nan	3		Category/ Type	2244.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TRAVEL EXPENSES
•	st, First, Middle Initial) kelstein & Assoc.			Transaction ID: 80128.E3745 Date of Disbursement
Mailing Addres	s 16 N. Astor Street			$ \begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 5 \end{array} \begin{array}{c} 0 \end{array} \end{array} $
City Irvington		StateZip CodeNY10533-		Amount of Each Disbursement this Perio
Purpose of Dis Political consul		Т		2000.00 Refund or Disposal of Excess
Candidate Nan	-		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼		POLITICAL CONSULTING FEE
	isbursements This Page (optional)		►	6244.40

Irvington Purpose of Disbursement travel expenses Candidate Name	Detailed S ents may no	is of any political	by any person f	blicit contributions Transaction I Date of Disbu	f soliciting co from such o	committee
r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City Irvington Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse	e and addres	is of any political		blicit contributions Transaction I Date of Disbu	from such o	committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City 11 Irvington 11 Purpose of Disbursement 11 travel expenses 11 Candidate Name 11 Office Sought: House	State			Transaction I Date of Disbu	I D: 80128.I	
Friends of Connie Mack Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City Irvington Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse				Date of Disbu		
Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City Irvington Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse				Date of Disbu		3765
City Irvington Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse						
Irvington Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse		-		12	D 0 3 / Y	2007 [°]
Purpose of Disbursement travel expenses Candidate Name Office Sought: House Disburse		Zip Code 10533-		Amount of Ea	ch Disburse	ement this Perio
Candidate Name Office Sought: House Disburse						966.50
			Category/ Type	Refund or Contributio 11 C.F.R.	Disposal of ons Require 400.53	Excess d Under
State: District:	ment For: Primary Other (spec	General cify) ▼		TRAVEL EX	PENSES	
Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.				Transaction I Date of Disbu		<u>=</u> 3763
Mailing Address 16 N. Astor Street				12 ^M /	D D / Y	2007 [°]
	State NY	Zip Code 10533-		Amount of Ea	ch Disburse	ement this Perio
Purpose of Disbursement			· · · · · · · · · · · · · · · · · · ·			2000.00
political consulting fee Candidate Name			Category/ Type	Contribution 11 C.F.R.	Disposal of ons Require 400.53	Excess d Under
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		POLITICAL	CONSULT	ING FEE
Full Name (Last, First, Middle Initial) Mr. Rob Jennings				Transaction I Date of Disbu		<u>=</u> 3649
Mailing Address American Event Consultin 501 L St NW	ng, Inc.			10 ¹		2007 [°]
City S Washington	State DC	Zip Code 20001-		Amount of Ea	ch Disburse	ement this Perio
Purpose of Disbursement Fundraising Consulting Fee			· · · ·]		<u> </u>	1000.00
Candidate Name			Category/ Type		Disposal of ons Require 400.53	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) V		FUNDRAISII	NG CONS	ULTING FEE
SUBTOTAL of Disbursements This Page (optional) .			····· Þ			3966.50
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SCHEDULE B (I	-	Use separate schedule(s)		FOR LINE (check only	-	PA	GE 41 / 78
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	om such Reports and Stater es, other than using the nam						
Friends of Connie	· ,						
Full Name (Last, First Mr. Rob Jennings	, Middle Initial)				Transaction Date of Disb	ID: 80128.	E3711
	American Event Consult 501 L St NW	ing, Inc.			1 [°] 0 [°]	^D 30 [/]	2 0 0 7 [×]
City Washington		State DC	Zip Code 20001-		Amount of E	ach Disburse	ment this Perio
Purpose of Disbursen							2000.00
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Office Sought:	House Disburs Senate President Strict:	ement For: Primary Other (spec	General cify) ▼		FUNDRAIS	ING CONS	ULTING FEE
Full Name (Last, First							
· · ·	y Assn of America PAC				Transaction Date of Disb		
	1025 F Street, NW Suite 1000				10	24	2007 [×]
City Washington		State DC	Zip Code 20004-		Amount of E	ach Disburse	ment this Perio
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Office Sought:	House Disburs Senate President strict:	ement For: Primary Other (spec	General cify) ▼	Туре	IN KIND:		
Full Name (Last, First Florida Business II					Transaction Date of Disb	ID: 80128.	E3714
Mailing Address	PO Box 193				1 ^M ^M [/]	^D 05 [/]	2007 [°]
City Bell		State FL	Zip Code 32619-		Amount of E	ach Disburse	ment this Perio
Purpose of Disbursen							130.00
newspaper clipping se Candidate Name	ervice			Category/ Type		or Disposal of tions Require 1. 400.53	
Office Sought:	House Disburs Senate President Strict:	ement For: Primary Other (spec	General cify) ▼		NEWSPAP	ER CLIPPII	NG SERVICE
SUBTOTAL of Disburse	ements This Page (optional)			······ Þ			2171.61
TOTAL This Period (las	t page this line number only						
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			NUMBER: PAGE 42/78 one)
	Detailed Summary Page		17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	to and address of any pointed col		
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Florida Business Information, Inc.			Transaction ID: 80128.E3712 Date of Disbursement
Mailing Address PO Box 193			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Bell	State Zip Code FL 32619-		Amount of Each Disbursement this Period
Purpose of Disbursement newspaper clipping service	Г		130.00 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		NEWSPAPER CLIPPING SERVICE
Full Name (Last, First, Middle Initial) Florida Business Information, Inc.			Transaction ID: 80128.E3769 Date of Disbursement
Mailing Address PO Box 193			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Bell	State Zip Code FL 32619-		Amount of Each Disbursement this Perior
Purpose of Disbursement	Г		130.00
newspaper clipping service Candidate Name	(Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		NEWSPAPER CLIPPING SERVICE
Full Name (Last, First, Middle Initial) Charlotte County Republican Club			Transaction ID: 71010.E3665 Date of Disbursement
Mailing Address PO Box 512332			$\begin{array}{c c} M & M \\ 1 & 0 \end{array} \begin{array}{c} ' & D & D \\ 0 & 2 \end{array} \begin{array}{c} ' & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{array}$
City Punta Gorda	State Zip Code FL 33951-2332		Amount of Each Disbursement this Perio
Purpose of Disbursement		100.00	
Print Advertisement Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PRINT ADVERTISEMENT
SUBTOTAL of Disbursements This Page (optional)		►	360.00
TOTAL This Period (last page this line number only	λ	►	
5AN018]	····· F	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 43 / 78		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
Any Information copied from such Reports and State or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)	to and address of any pointed to				
Friends of Connie Mack					
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 71010.E3666 Date of Disbursement		
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$		
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Period		
Purpose of Disbursement		1132.42			
CREDIT CARD: SEE BELOW Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW		
Full Name (Last, First, Middle Initial)			Transaction ID: 71010.E3667		
AT&T- Cingular Wireless			Date of Disbursement 10° / 0° / 2° / 2° / 2°		
Mailing Address PO Box 31488	Mailing Address PO Box 31488				
City Tampa	StateZip CodeFL33631-3488		Amount of Each Disbursement this Period		
Purpose of Disbursement			167.14		
cell phone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE		
Full Name (Last, First, Middle Initial)			Transaction ID: 71010.E3674		
Armands Chicago Pizzeria			Date of Disbursement		
Mailing Address 226 Massachusetts Ave	. N.E.		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} V \\ \end{array} \end{array}$		
City Washington	StateZip CodeDC20003-		Amount of Each Disbursement this Perior		
Purpose of Disbursement meals			78.36		
Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS		
SUBTOTAL of Disbursements This Page (optional)		····· Þ	1132.42		
TOTAL This Daried (last page this line sumber and					
TOTAL This Period (last page this line number only 5AN018)	•	FEC Schedule B (Form 3) (Revised		

CHEDULE B (FEC Form 3)		OR LINE NUMBER: PAGE 44 / 78 check only one) X 17 18 19a 19b
		20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full)		
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Capitol Hill Club		Transaction ID: 71010.E3672 Date of Disbursement
Mailing Address 300 First Street, S.E.		
City Washington	State Zip Code DC 20003-	Amount of Each Disbursement this Perio
Purpose of Disbursement		570.35
fundraising event Candidate Name	Cate	
Senate President	ement For: Primary General Other (specify)	MEMO: FUNDRAISING EVENT
State: District:		
Full Name (Last, First, Middle Initial) FedEx		Transaction ID: 71010.E3669 Date of Disbursement
Mailing Address P. O. Box 1140		$\begin{array}{c c} & & \\ & &$
City Memphis	State Zip Code TN 38101-	Amount of Each Disbursement this Perio
Purpose of Disbursement postage		42.07 Refund or Disposal of Excess
Candidate Name	Cate	gory/ Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	MEMO: POSTAGE
Full Name (Last, First, Middle Initial) Clydes of Georgetown		Transaction ID: 71010.E3668 Date of Disbursement
Mailing Address 707 7th St NW		
City Washington	State Zip Code DC 20001-3715	Amount of Each Disbursement this Perio
Purpose of Disbursement meals		169.21
Candidate Name	Cate Ty	pe 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: MEALS
SUBTOTAL of Disbursements This Page (optional)		▶ 0.00
TOTAL This Period (last page this line number only)	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE (check only	E NUMBER: PAGE 45 / 78	
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
Any Information copied from such Reports and State or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Apple Store			Transaction ID: 71010.E3671 Date of Disbursement	
Mailing Address 1100 So Haynes St			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} $	
City Arlington	StateZip CodeVA22202-		Amount of Each Disbursement this Perio	
Purpose of Disbursement			8.30	
supplies Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: SUPPLIES	
Full Name (Last, First, Middle Initial)				
Business Card (formerly Platinum Plus)			Transaction ID: 71010.E3673 Date of Disbursement 10 0 0 Y	
Mailing Address PO Box 15710			10 02 2007	
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Peri 39.00	
Purpose of Disbursement credit card fee				
Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		MEMO: CREDIT CARD FEE	
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 71010.E3676 Date of Disbursement	
Mailing Address PO Box 15710			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 0 & 7 \end{bmatrix}$	
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Peri	
Purpose of Disbursement			19.00	
credit card fee Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE	
SUBTOTAL of Disbursements This Page (optional)		►	0.00	
TOTAL This Period (last page this line number only				
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 46 / 78 y one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na			for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 71010.E3670 Date of Disbursement
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 0 \end{array} \\ \end{array} \\ \begin{pmatrix} D \\ 0 \end{array} \\ 2 \end{array} \\ \begin{pmatrix} Y \\ 2 \end{array} \\ \begin{pmatrix} Y \\ 2 \end{array} \\ 0 \\ 0 \end{array} \\ \begin{pmatrix} Y \\ Y \\ 2 \end{array} \\ \begin{pmatrix} Y \\ 0 \\ 0 \end{array} \\ \begin{pmatrix} Y \\ Y \\$
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		29.00
credit card fee Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
Full Name (Last, First, Middle Initial)			
Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3749 Date of Disbursement
Mailing Address PO Box 15710		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \\ 0 \\ 7 \end{array} \\ 1 \\ 0 \\ 7 \end{array} \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 1 \\ 0 \\ 7 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$	
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Peric
Purpose of Disbursement CREDIT CARD: SEE BELOW	Γ		961.31 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial)			Transaction ID: 80128.E3752
America			Date of Disbursement
Mailing Address 50 Massachussetts Ave	e, NE		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} 1 \end{array} 1 \begin{array}{c} M \\ \end{array} 1 \begin{array}{c} D \\ 0 \end{array} 7 \begin{array}{c} D \\ 7 \end{array} 7 \begin{array}{c} Y \\ 2 \end{array} 2 \begin{array}{c} Y \\ 0 \end{array} 7 \begin{array}{c} Y \\ Y \end{array} Y $
City Washington	State Zip Code DC 20002-		Amount of Each Disbursement this Peric
Purpose of Disbursement meals	Г	•••]	56.86 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
SUBTOTAL of Disbursements This Page (optiona			961.31
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Any Information copied from such Reports			
or for commercial purposes, other than usin			
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) AT&T Wireless			Transaction ID: 80128.E3755 Date of Disbursement
Mailing Address P. O. Box 8229			
City Aurora	State Zip Code IL 60572-		Amount of Each Disbursement this Perio
Purpose of Disbursement			251.98
telephone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		- [MEMO ITEM] MEMO: TELEPHONE
Full Name (Last, First, Middle Initial) Capitol Hill Club			Transaction ID: 80128.E3750 Date of Disbursement
Mailing Address 300 First Street	, S.E.		
City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Perio
Purpose of Disbursement			98.33
meals Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		- [MEMO ITEM] MEMO: MEALS
Full Name (Last, First, Middle Initial) Chops City Grill			Transaction ID: 80128.E3753 Date of Disbursement
Mailing Address 837 5th Avenue	South		
City Naples	State Zip Code FL 34102-		Amount of Each Disbursement this Perio
Purpose of Disbursement			370.95
fundraiser expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		MEMO: FUNDRAISER EXPENSE
SUBTOTAL of Disbursements This Page	(optional)	⊾	0.00
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EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 48 / 78 y one) X 17 18 19a 19b 20a 20b 20c 21
y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)			for the purpose of soliciting contributions
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus) Mailing Address PO Box 15710			Transaction ID: 80128.E3751 Date of Disbursement 1 1 1 0 7 Y Y Y Y
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement credit card fee			30.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3754 Date of Disbursement
Mailing Address PO Box 15710			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y \\ Y \end{pmatrix}$
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement credit card fee			30.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
Full Name (Last, First, Middle Initial)			Transaction ID: 80128.E3758
Business Card (formerly Platinum Plus)			Date of Disbursement
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 7 \\ 7 \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 7 \\ 7 \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 7 \\ 7 \end{array} \begin{array}{c} Y \\ 7 \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 7 \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \end{array} $
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement credit card fee			30.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
UBTOTAL of Disbursements This Page (optional)	······ Þ	0.00
OTAL This Period (last page this line number only	y)	►	

CHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUM (check only one)	
	Detailed Summary Page	X 17 20	Da 20b 20c 21
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NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			ansaction ID: 80128.E3821 ate of Disbursement
Mailing Address PO Box 15710			^M 2 ^M / ^D 03 [/] ^Y 2007 ^Y
	State Zip Code DE 19886-5710	An	nount of Each Disbursement this Period
Purpose of Disbursement			105.61
CREDIT CARD: SEE BELOW Candidate Name	C	ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Type CF	REDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial)			
Business Card (formerly Platinum Plus)		Da	ansaction ID: 80128.E3815 ate of Disbursement
Mailing Address PO Box 15710		l	^M 2 ^M / ^D 03 [/] ^Y 2007 ^Y
	State Zip Code DE 19886-5710	An	nount of Each Disbursement this Period
Purpose of Disbursement credit card fee	Γ		29.00 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ment For: Primary General Other (specify) ▼		EMO ITEM] EMO: CREDIT CARD FEE
State: District:			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			ansaction ID: 80128.E3819 ate of Disbursement
Mailing Address PO Box 15710		ĺ	^M 2 ^M / ^D 03 [/] ^Y 2007 ^Y
	State Zip Code DE 19886-5710	An	nount of Each Disbursement this Period
Purpose of Disbursement credit card fee	Γ		29.00 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ment For: Primary General Other (specify) ▼	-	EMO ITEM] EMO: CREDIT CARD FEE
State: District:			
SUBTOTAL of Disbursements This Page (optional).		🕨	105.61
,			

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE N (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	17 18 19a 19b 20a 20b 20c 21
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NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3816 Date of Disbursement
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement			3.28
credit card fee			Refund or Disposal of Excess Contributions Required Under
Candidate Name		ategory/ Type	11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
State: District:			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3818 Date of Disbursement
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} I \\ I I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement credit card fee			4.20 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Senate President	ement For: Primary General Other (specify) ▼		MEMO: CREDIT CARD FEE
State: District:			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3817 Date of Disbursement
Mailing Address PO Box 15710			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$
City Wilmington	StateZip CodeDE19886-5710		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		29.00
credit card fee Candidate Name		ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼	71	[MEMO ITEM] MEMO: CREDIT CARD FEE
State: District:			
SUBTOTAL of Disbursements This Page (optional)		🕨	0.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: y one) X 17 18 19a 19b
Any Information copied from such Reports and State			20a 20b 20c 21
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)			Transaction ID: 80128.E3820 Date of Disbursement
Mailing Address PO Box 15710			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
City Wilmington	State Zip Code DE 19886-5710		Amount of Each Disbursement this Period
Purpose of Disbursement credit card fee			1.14
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
Full Name (Last, First, Middle Initial)			Transaction ID: 80128.E3747
The Jackson-Alvarez Group			Date of Disbursement
Mailing Address Gary Maloney PO Box 7272			$\begin{array}{c} \stackrel{\text{M}}{111} \stackrel{\text{M}}{11} \stackrel{\text{M}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{111} \stackrel{\text{D}}{1111} \stackrel{\text{D}}{11111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{111111} \stackrel{\text{D}}{1111111} \stackrel{\text{D}}{1111111} \stackrel{\text{D}}{1111111} \stackrel{\text{D}}{1111111} \stackrel{\text{D}}{1111111} \stackrel{\text{D}}{11111111} \stackrel{\text{D}}{11111111} \stackrel{\text{D}}{11111111} \stackrel{\text{D}}{1111111111} \stackrel{\text{D}}{1111111111111111} \stackrel{\text{D}}{111111111111111111111111111111111$
City Mc Lean	StateZip CodeVA22106-		Amount of Each Disbursement this Period
Purpose of Disbursement			4901.67
research/communications services		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		RESEARCH/COMMUNICATIONS SERVICES
Full Name (Last, First, Middle Initial) Cape Coral Republican Club			Transaction ID: 71010.E3659 Date of Disbursement
Mailing Address PO Box 100996			$10^{M} 0^{M} / 02^{D} / 2007^{Y}$
City Cape Coral	State Zip Code FL 33910-0996		Amount of Each Disbursement this Period
Purpose of Disbursement			625.00
Event Tickets Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	Sement For: Primary General Other (specify)		EVENT TICKETS
SUBTOTAL of Disbursements This Page (optional))	Þ	5526.67
TOTAL This Period (last page this line number only	<i></i>		
E5AN018	,	····· F	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		LINE NUMBER: PAGE 52 / 78
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Bank of America Visa		Transaction ID: 71010.E3663 Date of Disbursement
Mailing Address PO Box 1758		
City Newark	StateZip CodeNJ07101-1758	Amount of Each Disbursement this Peri
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Category	// 398.96 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	Type ement For: Primary General Other (specify) ▼	CREDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless		Transaction ID: 71010.E3664 Date of Disbursement
Mailing Address PO Box 31488		$\begin{array}{c c} & M & M \\ \hline 1 & 0 \\ \end{array} & \begin{array}{c} D & D \\ \end{array} & \begin{array}{c} D & D \\ 0 & 2 \\ \end{array} & \begin{array}{c} Y & Y \\ \end{array} & \begin{array}{c} Y & Y \\ 2 & 0 & 0 \\ \end{array} & \begin{array}{c} Y \\ \end{array} \\ \end{array}$
City Tampa	StateZip CodeFL33631-3488	Amount of Each Disbursement this Peri
Purpose of Disbursement blackberry	· · ·	398.96 Refund or Disposal of Excess
Candidate Name	Category Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	MEMO: BLACKBERRY
Full Name (Last, First, Middle Initial) Arent Fox LLP		Transaction ID: 80128.E3715 Date of Disbursement
Mailing Address 1050 Connecticut Ave N	W	M M / D D / Y Y O O 7
City Washington	StateZip CodeDC20036-5308	Amount of Each Disbursement this Per
Purpose of Disbursement accounting and legal services Candidate Name	Category	// Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	ACCOUNTING AND LEGAL SERVICES
SUBTOTAL of Disbursements This Page (optional)		▶ 4794.66

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		LINE NUMBER: < only one) X 17 18 19a 19b
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or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Arent Fox LLP		Transaction ID: 80128.E3766 Date of Disbursement
Mailing Address 1050 Connecticut Ave	NW	12 ^M /03 ^Y /2007 ^Y
City Washington	State Zip Code DC 20036-5308	Amount of Each Disbursement this Perio
Purpose of Disbursement accouting and legal services Candidate Name	Category	3956.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	Type ursement For: Primary General Other (specify) ▼	ACCOUTING AND LEGAL SERVI- CES
Full Name (Last, First, Middle Initial) Aristotle International		Transaction ID: 71010.E3682 Date of Disbursement
Mailing Address 205 Pennsylvania Ave	mue, SE	10 ^M /08 ^J /2007 ^Y
City Washington	State Zip Code DC 20003-	Amount of Each Disbursement this Perio
Purpose of Disbursement Datebase #4 of 8 Candidate Name	Category	2100.00 Refund or Disposal of Excess Contributions Required Under
	Ursement For: Primary General Other (specify) ▼	11 C.F.R. 400.53 DATEBASE #4 OF 8
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless		Transaction ID: 71010.E3650 Date of Disbursement
Mailing Address PO Box 31488		
City Tampa	State Zip Code FL 33631-3488	Amount of Each Disbursement this Perio
Purpose of Disbursement cell phone		699.53 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼	CELL PHONE
SUBTOTAL of Disbursements This Page (option	al)	▶ 6756.34
TOTAL This Period (last page this line number o	nly)	•
E5AN018		FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC For ITEMIZED DISBURSEME	INTS for	e separate schedule(s each category of the tailed Summary Page) FOR LIN (check or	X 17 18 19a 19b
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				solicit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial AT&T- Cingular Wireless)			Transaction ID: 80128.E3746 Date of Disbursement
Mailing Address PO Box 314	88			
City Tampa	State FL	Zip Code 33631-3488	} }	Amount of Each Disbursement this Perio
Purpose of Disbursement cell phone Candidate Name			Category/ Type	324.38 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement Prim Othe			CELL PHONE
Full Name (Last, First, Middle Initial AT&T- Cingular Wireless)			Transaction ID: 80128.E3761 Date of Disbursement
Mailing Address PO Box 314	88			$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ Y \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ Y \\ Y \end{array} \\ \end{array} \\$
City Tampa	State FL	Zip Code 33631-3488	}	Amount of Each Disbursement this Perio
Purpose of Disbursement cell phone Candidate Name			Category/	400.05 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	Disbursement Prim Othe		Туре	CELL PHONE
Full Name (Last, First, Middle Initial Chase Card Services)			Transaction ID: 80128.E3722 Date of Disbursement
Mailing Address PO Box 151	53			$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ \end{array} \end{array} \\ \begin{array}{c} M \\ \end{array} \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \begin{array}{c} T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \\ T \\ T \\ T \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T $
City Wilmington	State DE	Zip Code 19886-5153	}	Amount of Each Disbursement this Perio
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name			Category	A144.64 Refund or Disposal of Excess Contributions Required Under
Office Sought: House	Disbursement	For:	Category/ Type	11 C.F.R. 400.53
State: District:	Prim			CREDIT CARD: SEE BELOW
SUBTOTAL of Disbursements This F	age (optional)		>	4869.07
TOTAL This Period (last page this lin	e number only)		►	
E5AN018				FEC Schedule B (Form 3) (Revise

Any Information copied from such Reports and Statements may not be solid or used by any peech for the purpose, other than using the name and address of any political committee to solid: contributions from such committee NAME OF COMMITTEE (in Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Transaction ID: 80128, E3733 Collier County REC Transaction ID: 80128, E3733 Mailing Address P. O. Box 7367 City State Purpose of Disbursement Event Trickets Catagoryi To Especial of Excess Catagoryi President District Disbursement For: Purpose of Disbursement Disbursement For: President Disbursement For: President District State: Disbursement Office Sought: House President Disbursement For: Purpose of Disbursement Catagoryi Transaction ID: 80128.E3734 Date of Disbursement Mailing Address 400 1st Street, S.E. City State: Disbursement For: Purpose of Disbursement Disbursement For: Purpose of Disbursement State: Office	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only c	one)] 17 18 19a 19b
NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Collier County REC Mailing Address P. O. Box 7367 City State Zip Code Purpose of Disbursement FL 34101- Event Tickets Categoryi Transaction ID: 80128, E3733 Office Sought: House Disbursement For: Amount of Each Disbursement bits Event Tickets Categoryi Transaction ID: 80128, E3734 Memount of Each Disbursement bits State: Disbursement For: Other (specify) Memount of Each Disbursement bits Full Name (Last, First, Middle Initial) Transaction ID: 80128, E3734 Date of Disbursement bits Mailing Address 400 1st Street, S.E. Transaction ID: 80128, E3734 Date of Disbursement bits Categoryi V 0 for (specify) Amount of Each Disbursement bits Mailing Address 400 1st Street, S.E. City State Disbursement For: Mailing Address Parupose of Disbursement bits Transaction ID: 80128, E3729 Office Sought: House Disbursement For: Transaction ID: 80128, E3729 Transaction ID: 80128, E3729 Office Sought:<				
Friends of Connie Mack Full Name (Last, First, Middle Initial) Collier County REC Mailing Address P. O. Box 7367 City State Zip Code Naples FL 34101- Purpose of Disbursement Galegory Control Costs Category Office Sought: House Disbursement For: Periodent Rest Disbursement For: Galegory Tortilla Costs Office Sought: House State: Disbursement For: General Office Sought: House Disbursement For: Purpose of Disbursement Disbursement For: MEMO ITEMJ Mailing Address 400 1st Street, S.E. City City State Zip Code Quidate Name Disbursement For: Galegory/ Purpose of Disbursement Disbursement For: Transaction ID: 80128.E3729 Office Sought: House Disbursement For: Galegory/ Office Sought: House Disbursement For: Transaction ID: 80128.E3729 Date of Disbursement Category/ Transaction ID: 80128.E3729 Date of Disbu		ie and address of any political cor	mmittee to solic	cu contributions from such committee
Collier County REC Date of Disbursement Mailing Address P. O. Box 7367 City State Zip Code Naples FL 34101- Purpose of Disbursement General General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: MEMO ITEM) Mailing Address 400 1st Street, S.E. MEMO Item) MEMO: EVENT TICKETS City State Disbursement For: Image: Prevident State Transaction 10: 80128.E3734 Date of Disbursement Disbursement Disbursement Image: Prevident State State State State Transaction 10: 80128.E3734 Office Sought: House Disbursement For: Image: Prevident State Category Transaction 10: 80128.E3729 Office Sought: House Disbursement For: Other (specify) ▼ General Other (specify) ▼ State State State State State State State State State Stat				
City State Zip Code Naples FL 34101- Purpose of Disbursement Category City Senate Category Office Sought: House Disbursement For: Office Sought: Disbursement For: Category Full Name (Last, First, Middle Initial) Tortilla Coast Transaction ID: 80128, E3734 Mailing Address 400 1st Street, S.E. Transaction ID: 80128, E3734 City State Zip Code Purpose of Disbursement Mailing Address 400 1st Street, S.E. City State Zip Code Purpose of Disbursement Befund or Disbursement Senate District: Disbursement For: Category' City Senate Disbursement For: District: Disbursement For: Category' Turnasetion ID: 80128, E3729 Category' Turnasetion ID: 80128, E3729 Category' Office Sought: House Disbursement For: District: District: MEMO TEMJ Full Name (Last, First, Middle Initial) Transaction ID: 80128, E3729				Date of Disbursement
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				Summary Page			20a 20b 20c 21
	Information copied from such Reports a r commercial purposes, other than using						for the purpose of soliciting contributions licit contributions from such committee
	NAME OF COMMITTEE (In Full) Friends of Connie Mack						
/							
	⁻ ull Name (Last, First, Middle Initial) Capitol Hill Club						Transaction ID: 80128.E3743 Date of Disbursement
N	Mailing Address 300 First Street,	S.E.					$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ 0 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ 1 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array}$
V	City Washington		State DC	Zip Code 20003-			Amount of Each Disbursement this Perio
	Purpose of Disbursement						1321.06
_	Fundraising Event Candidate Name					egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spec	General			[MEMO ITEM] MEMO: FUNDRAISING EVENT
-	State: District:						
	Full Name (Last, First, Middle Initial) Chase Card Services						Transaction ID: 80128.E3723 Date of Disbursement
N	Mailing Address PO Box 15153						$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ 0 \end{array} \begin{array}{c} D \\ 5 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} V \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} V \\ 7 \end{array} \begin{array}{c} V \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} V \\ V \end{array} \end{array}$
V	City Wilmington		State DE	Zip Code 19886-5153			Amount of Each Disbursement this Perio
	Purpose of Disbursement Annual Credit Card Fee						175.00
_	Candidate Name					egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:		ment For: Primary Other (spec	General bify) ▼			[MEMO ITEM] MEMO: ANNUAL CREDIT CARD FEE
	Full Name (Last, First, Middle Initial) COMPUSA						Transaction ID: 80128.E3731 Date of Disbursement
N	Mailing Address 13741 S. Tamiar	ni Trail					$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{pmatrix} M & D \\ 0 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$
	City Fort Myers		State FL	Zip Code 33912-			Amount of Each Disbursement this Peric
	Purpose of Disbursement				-		440.51
_	office supplies Candidate Name					egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:		nent For: Primary Other (spec	General cify) ▼			[MEMO ITEM] MEMO: OFFICE SUPPLIES
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		FEC Form 3) BURSEMENTS	Use separate schedu for each category of t Detailed Summary P	the	FOR LINE (check on	X 17 18	PAGE 57 / 78
			tements may not be sold or				
			ame and address of any po	litical co	mmittee to so	olicit contributions fro	m such committee
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	ull Name (Last, Firs OMPUSA	st, Middle Initial)				Transaction ID: Date of Disburse	ment
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	ittsburgh		State Zip Code PA 15220-			Amount of Each	Disbursement this Perio
	urpose of Disburse	ment					408.80
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FEC Schedule B (Form 3) (Revised 02/2003)

ITEMIZED	E B (FEC Form 3) DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
or for commercia				for the purpose of soliciting contributions plicit contributions from such committee
/ Full Name (L Chase Car	ast, First, Middle Initial) d Services			Transaction ID: 80128.E3781 Date of Disbursement
Mailing Addr	ess PO Box 15153			$12^{M} / 2007^{Y}$
City Wilmingtor	1	State Zip Code DE 19886-5153		Amount of Each Disbursement this Perio
	Disbursement RD: SEE BELOW ame		Category/	7053.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sough	nt: House Disbur Senate President District:	sement For: Primary General Other (specify)	Туре	CREDIT CARD: SEE BELOW
Full Name (L Avis Rent- Mailing Addr				Transaction ID: 80128.E3795 Date of Disbursement
City Parsippany		State Zip Code NJ 07054-		Amount of Each Disbursement this Perio 209.89
	ravel expense		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sough	nt: House Disbur Senate President District:	sement For: Primary General Other (specify) ▼		MEMO: FUNDRAISING TRAVEL EXPENSE
Full Name (L	ast, First, Middle Initial) les & Towers			Transaction ID: 80128.E3813 Date of Disbursement
Mailing Addr	ess 5111 Tamiami Trail, N.			$12^{M} / 03^{J} / 2007^{Y}$
City Naples		State Zip Code FL 34103-		Amount of Each Disbursement this Perio
Purpose of E lodging Candidate N	Disbursement		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sough	nt: House Disbur Senate President District:	sement For: Primary General Other (specify) ▼		MEMO: LODGING
	District: Disbursements This Page (optional			7053.63

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		PR LINE NUMBER: PAGE 60 / 78 leck only one) X 17 18 19a 19b
Any Information conied from cuch Deports and		20a 20b 20c 21 person for the purpose of soliciting contributions
or for commercial purposes, other than using the		
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) National Car Rental		Transaction ID: 80128.E3811 Date of Disbursement
Mailing Address 6292 North Lakewo Suite 100	od Ave	$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 12 \end{array} \end{array} \begin{array}{c} D \\ 20 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \\ 20 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 20 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array}$
City Tulsa	State Zip Code OK 74117-1808	Amount of Each Disbursement this Perio
Purpose of Disbursement		123.34
travel expense Candidate Name	Categ Typ	e 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE
Full Name (Last, First, Middle Initial)		Transaction ID: 80128,E3805
Rosen Shingle Creek Hotel		Date of Disbursement
Mailing Address 9939 Universal Blvo		
City Orlando	State Zip Code FL 32819-	Amount of Each Disbursement this Perior 54.75
Purpose of Disbursement fundraising travel expense		
Candidate Name	Categ Typ	e 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISING TRAVEL EXPENSE
Full Name (Last, First, Middle Initial) Rosen Shingle Creek Hotel		Transaction ID: 80128.E3804 Date of Disbursement
Mailing Address 9939 Universal Blvd	l	12 ^M /03 ^Y /2007 ^Y
City Orlando	State Zip Code FL 32819-	Amount of Each Disbursement this Perio
Purpose of Disbursement		29.00
fundraising travel expense Candidate Name	Categ Typ	e 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	bursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISING TRAVEL EXPENSE
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E5AN018		FEC Schedule B (Form 3) (Revised

Any Information copi			(check only	X 17 18 19a 19b 20a 20b 20c 21 for the purpose of soliciting contributions
NAME OF COM	MITTEE (In Full)	ne and address of any political co	ommittee to so	licit contributions from such committee
Full Name (Last, Rosen Shingle Mailing Address	First, Middle Initial) Creek Hotel 9939 Universal Blvd			Transaction ID: 80128.E3793 Date of Disbursement
City Orlando Purpose of Disbu fundraising trave Candidate Name	expense	State Zip Code FL 32819-	Catagory	Amount of Each Disbursement this Perio 1429.54 Refund or Disposal of Excess Contributions Required Under
Office Sought:		eement For: Primary General Other (specify)	Category/ Type	II C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING TRAVEL EXPENSE
Full Name (Last, Rosen Shingle Mailing Address	First, Middle Initial) Creek Hotel 9939 Universal Blvd			Transaction ID: 80128.E3794 Date of Disbursement
City Orlando Purpose of Disbu fundraising trave Candidate Name Office Sought: State:	expense	State Zip Code FL 32819- sement For: Primary Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 742.49 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING TRAVEL EXPENSE
	First, Middle Initial)			Transaction ID: 80128.E3792 Date of Disbursement 1 2 ^M / ^D 0 3 / ^Y 2 0 0 7 ^Y
City Orlando Purpose of Disbu fundrasing travel Candidate Name	expense	State Zip Code FL 32819-	Category/	Amount of Each Disbursement this Perio 38.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM] MEMO: FUNDRASING TRAVEL EXPENSE
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Detailed Summary Page 17 18 19a	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co- NAME OF COMMITTEE (in Full) Freinds of Connie Mack Full Name (Last, First, Middle Initial) 1-800 Flowers.com Mailing Address 1 Old Country Rd Suite 500 City State Candidate Name Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Transaction ID: 80 128.E Carde Place NY Office Sought: House Disbursement Other (specify) State: Disbursement For: President State: Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Transaction ID: 80 128.E City State City State Disbursement President President Disbursement For: President City State City State City State Disbursement President	GE 62 / 78
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: (check only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
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NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Sway Lounge		Transaction ID: 80128.E3810 Date of Disbursement
Mailing Address 2059 Tamiami Trl E		
City Naples	State Zip Code FL 34112-	Amount of Each Disbursement this Perio
Purpose of Disbursement meals Candidate Name		ategory/ Type 30.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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Full Name (Last, First, Middle Initial) Sway Lounge		Transaction ID: 80128.E3809 Date of Disbursement
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City Pittsburgh	State Zip Code PA 15220-	Amount of Each Disbursement this Perio
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Candidate Name	· · · · · · · · · · · · · · · · · · ·	tegory/ Contributions Required Under Type 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional	l)	
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E5AN018	••	FEC Schedule B (Form 3) (Revised

US Airways Date of Disbursement Mailing Address 7 Park Center City PA Purpose of Disbursement air travel Category! Candidate Name Disbursement For: Primary General Other (spacify) Transaction ID: 80128.E3S City Primary General Other (spacify) WEMO ITEM] Mailing Address 7 Park Center City State Zistrict: Disbursement For: Primary General Other (spacify) MEMO ITEM] Mailing Address 7 Park Center City State City State Purpose of Disbursement air travel exponse Candidate Name Disbursement For: Purpose of Disbursement air travel exponse Disbursement For: Office Sought: House Pirimary General Office Sought: House Disbursement for: President State: Disbursement For: President Other (spacify) Vir Category! <td< th=""><th>SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS</th><th>Use separate schedule(s) for each category of the Detailed Summary Page</th><th>FOR LINE NUME (check only one)</th><th> 18 19a 19b</th></td<>	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUME (check only one)	18 19a 19b
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com NAME OF COMMITTEE (in Full) Friends of Connie Mack Full Name (Last, First, Middle Initia) US Airways Mailing Address 7 Park Center City Cardidate Name Office Sought: House Disbursement air travel Office Sought: House Disbursement Category/ City Parsident Disbursement Category/ City City City State Disbursement Category/ City City City City City City City City	Any Information copied from such Reports and Staten			
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	(10)			FEC Schedule B (Form 3) (Revise

FEC Schedule B (Form 3) (Revised 02/2003)

ITEMIZED DI	B (FEC Form 3) SBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 65 / 78 y one) X 17 18 19a 19b 20a 20b 20c 21 for the purpose of soliciting contributions
	rposes, other than using the nar MITTEE (In Full)			or the purpose of soliciting contributions olicit contributions from such committee
Full Name (Last, Amazon.com	First, Middle Initial)			Transaction ID: 80128.E3791 Date of Disbursement
Mailing Address	PO Box 81226			$12^{M} / 03^{J} / 2007^{Y}$
City Seattle		State Zip Code WA 98108-1226		Amount of Each Disbursement this Perior
Purpose of Disbu office supplies Candidate Name			Category/ Type	26.37 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disbur Senate President District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Full Name (Last, Amazon.com Mailing Address	First, Middle Initial) PO Box 81226			Transaction ID: 80128.E3790 Date of Disbursement 12 03 2007
City Seattle Purpose of Disbu		State Zip Code WA 98108-1226		Amount of Each Disbursement this Perio
office supplies Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disbur Senate President District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Full Name (Last, Champs Resta	First, Middle Initial) aurant & Bar			Transaction ID: 80128.E3785 Date of Disbursement
Mailing Address	1201 S Joyce St Ste C	10		$12^{M} / 03^{J} / 2007^{Y}$
City Arlington		State Zip Code VA 22202-2067		Amount of Each Disbursement this Perio
Purpose of Disbu meals Candidate Name	ursement		Category/	66.58 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disbur Senate President District:	sement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM] MEMO: MEALS
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					rson for the purpose of soliciting contributions to solicit contributions from such committee
\	NAME OF COMMITTEE (Friends of Connie Mac	,			
	^{Full} Name (Last, First, Mid Union Street Public Ho				Transaction ID: 80128.E3786 Date of Disbursement
N	Mailing Address 121 S	So Union St			
	City Alexandria		State Zip Code VA 22314-	_	Amount of Each Disbursement this Perio
n	Purpose of Disbursement neals Candidate Name			Category Type	11 C.F.R. 400.53
	Office Sought: Hou Ser Pre State: District	nate sident	sbursement For: Primary General Other (specify) ▼		MEMO: MEALS
	Full Name (Last, First, Mid United Airlines	dle Initial)			Transaction ID: 80128.E3796 Date of Disbursement
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	City Chicago		State Zip Code IL 60602-		Amount of Each Disbursement this Perio
	Purpose of Disbursement ravel expese				595.60 Refund or Disposal of Excess
Ċ	Candidate Name			Category Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Hou Ser Pre State: District	nate sident	sbursement For: Primary General Other (specify) ▼	•	[MEMO ITEM] MEMO: TRAVEL EXPESE
F	Full Name (Last, First, Mid American Airlines				Transaction ID: 80128.E3807 Date of Disbursement
N	Mailing Address 4333	Amon Carter	Blvd		12 ^M / ^D 03 ^J / ^Y 2007 ^Y
	City Fort Worth		State Zip Code TX 76155-		Amount of Each Disbursement this Perio
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only		PAGE 67 / 78
	Detailed Summary Page	>	20a 20b 20	9a 19b Dc 21
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NAME OF COMMITTEE (In Full)	to and address of any political col			
Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Fox and Hound			Transaction ID: 8012 Date of Disbursement	8.E3783
Mailing Address			1 ^M 2 ^M /03/	Ý ŽOŎ7
City	State Zip Code		Amount of Each Disbu	rsement this Perio
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Full Name (Last, First, Middle Initial)			Transaction ID: 8012	8.E3759
FedEx			Date of Disbursement	V V V V
Mailing Address P. O. Box 1140			1 1 1 1 1 1 1 1 1 1	Ý ŽOŎ7Ÿ
City Memphis	StateZip CodeTN38101-		Amount of Each Disbu	
Purpose of Disbursement postage	Γ		Refund or Disposal	
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Mailing Address 707 MOunt Errigal Pl			M M / D D / 05	^Y ^Y 2 0 0 7 ^Y
City Lincoln	StateZip CodeCA95648-		Amount of Each Disbu	
Purpose of Disbursement website development fees	Г			4000.00
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E5AN018		····· F	FEC Schedule B (Form 3) (Revisor

CHEDULE B (FEC Form 3)		FOR LINE	NUMBER: PAGE 68/78
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page		$X 17 \square 18 \square 19a \square 19b $
ny Information copied from such Reports and Stater	nents may not be sold or used by		20a 20b 20c 21
for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial)			Transaction ID: 71010.E3683
Line 1 Communications			Date of Disbursement
Mailing Address 3400 Birchwood Manor			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 0 \\ 8 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} \begin{array}{c} V \\ V \\ V \\ \end{array} $
City	State Zip Code		Amount of Each Disbursement this Perio
Tallahassee	FL 32312-		455.91
Purpose of Disbursement fax/email services	Г		
Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
		Туре	11 C.F.R. 400.53
5	ement For:		FAX/EMAIL SERVICES
Senate	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 00100 E0707
Line 1 Communications			Transaction ID: 80128.E3767 Date of Disbursement
			$\begin{array}{c} M \\ 12 \end{array} \begin{array}{c} D \\ 03 \end{array} \begin{array}{c} Y \\ 2007 \end{array}$
Mailing Address 3400 Birchwood Manor			12 03 2007
City Tallahassee	State Zip Code FL 32312-		Amount of Each Disbursement this Period
Purpose of Disbursement	ı د عدم عدم عدم عدم عدم ال		65.70
fax/email services			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate	ement For: Primary General		FAX/EMAIL SERVICES
President	Other (specify)		
State: District:	(opson)) ¥		
Full Name (Last, First, Middle Initial)			Transaction ID: 71010.E3662
SCM Associates, Inc.			Date of Disbursement
Mailing Address 1283 Main Street PO Box 254			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $
City Dublin	State Zip Code NH 03444-		Amount of Each Disbursement this Perio
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direct mail and telemarketing			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ement For:		DIRECT MAIL AND TELEMARKE-
Senate President	Primary General		TING
State: District:	Other (specify)		
UBTOTAL of Disbursements This Page (optional)		····· Þ	9341.29
OTAL This Period (last page this line number only)	►	
ANO18	,	····· F	FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) PAGE 69 / 78 X 17 18 19a 19b 20a 20b 20c 21
		any person for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	me and address of any political com	
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) SCM Associates, Inc.		Transaction ID: 80128.E3713 Date of Disbursement
Mailing Address 1283 Main Street PO Box 254		
City Dublin	StateZip CodeNH03444-	Amount of Each Disbursement this Peri-
Purpose of Disbursement		1223.73
direct mail and telemarketing Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	DIRECT MAIL AND TELEMARKE- TING
Full Name (Last, First, Middle Initial)		
SCM Associates, Inc.		Transaction ID: 80128.E3778 Date of Disbursement
Mailing Address 1283 Main Street PO Box 254		
City Dublin	State Zip Code NH 03444-	Amount of Each Disbursement this Peri 15.93
Purpose of Disbursement directmail and telemarketing		
Candidate Name		Ategory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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Full Name (Last, First, Middle Initial) Southwest Direct		Transaction ID: 80128.E3710 Date of Disbursement
Mailing Address 2129 Andrea Lane		
City Fort Myers	State Zip Code FL 33912-	Amount of Each Disbursement this Peri
Purpose of Disbursement		427.02
direct mail services Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	DIRECT MAIL SERVICES
SUBTOTAL of Disbursements This Page (optional)	1666.68
TOTAL This Period (last page this line number onl	y)	
5AN018		FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	for each category of the	R LINE NUMBER: PAGE 70 / 78 eck only one)
	Detailed Summary Page	20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full)	s and position of the position of the second s	
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Southwest Direct		Transaction ID: 80128.E3768 Date of Disbursement
Mailing Address 2129 Andrea Lane		12 ^M / ^D 03 ^J / ^Y 2007 ^Y
City Fort Myers	State Zip Code FL 33912-	Amount of Each Disbursement this Perio
Purpose of Disbursement		785.73
direct mail services Candidate Name	Catego Type	
Senate President	ement For: Primary General Other (specify) ▼	DIRECT MAIL SERVICES
State: District:		
Full Name (Last, First, Middle Initial) Sprint - Embarq		Transaction ID: 71010.E3660 Date of Disbursement
Mailing Address P.O. Box 740602		
City Cincinnati	State Zip Code OH 45274-	Amount of Each Disbursement this Perio
Purpose of Disbursement telephone		72.60 Refund or Disposal of Excess
Candidate Name	Catego Type	ry/ Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	TELEPHONE
Full Name (Last, First, Middle Initial) Sprint - Embarq		Transaction ID: 80128.E3716 Date of Disbursement
Mailing Address P.O. Box 740602		$111 ^{M} ^{M} ^{D} 05 ^{D} ^{Y} 2007^{Y}$
City Cincinnati	State Zip Code OH 45274-	Amount of Each Disbursement this Perio
Purpose of Disbursement telephone		72.19
Candidate Name	Catego Type	
Senate President	ement For: Primary General Other (specify)	TELEPHONE
		020 50
SUBTOTAL of Disbursements This Page (optional)		▶ 930.52
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CHEDULE B (FEC Form 3)	Use separate schedule(s)		FOR LINE NUMBER: (check only one)				PAGE	71 / 78
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			X 17 20a	18 20b	19 20		19b 21
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Friends of Connie Mack								
Full Name (Last, First, Middle Initial) Sprint - Embarq					f Disburs): 80128 sement	3.E37	77
Mailing Address P.O. Box 740602				1 ^M 2 ^M	/ D	0 3 [/]	ř ž	0 0 7 ^Y
City Cincinnati	StateZip CodeOH45274-			Amour	nt of Eac	h Disbur	semen	t this Perio
Purpose of Disbursement								72.19
telephone Candidate Name			ategory/ Type	Co	fund or [ntribution C.F.R. 4	Disposal ns Requi 100.53	of Exc red Un	ess der
Office Sought: House Disbur Senate President State: District:	sement For: Primary Genera Other (specify) ▼	al	Турс	TELEF	PHONE			
Full Name (Last, First, Middle Initial)				Transa	action IF): 71010	E36	52
Stone Group, LLC					f Disburs			02
Mailing Address 5701 Bayview Drive				10	/ D	0 ¹ /	× ž	0 0 7 ^Y
City Fort Lauderdale	State Zip Code FL 33308-			Amour	nt of Eac	h Disbur		t this Peric
Purpose of Disbursement							2	000.00
Fundraising Consulting Fee Candidate Name			ategory/ Type	Co	fund or I ntributior C.F.R. 4	Disposal ns Requir 00.53	of Exc red Un	ess der
Office Sought: House Disbur Senate President State: District:	sement For: Primary Genera Other (specify) ▼	al		FUND	RAISIN	IG CON	SULI	TING FEE
Full Name (Last, First, Middle Initial) Stone Group, LLC					f Disburs): 71010 sement).E36	56
Mailing Address 5701 Bayview Drive				1 ^M 0 ^M	4 / D	0 2 [/]	Ý Ý	0 0 7 ^Y
^{City} Fort Lauderdale	State Zip Code FL 33308-			Amour	nt of Eac	h Disbur	semen	t this Peric
Purpose of Disbursement								9.68
expense reimbursement- SEE BELOW Candidate Name			ategory/ Type	Co	fund or [ntributior C.F.R. 4	Disposal ns Requi 00.53	of Exc red Un	ess der
Office Sought: House Disbur Senate President State: District:	sement For: Primary Genera Other (specify) ▼	al		EXPE BELO		EIMBUF	SEM	ENT- SE
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TOTAL This Period (last page this line number onl 5AN018	y/ ·····		🕨		.) (Revise

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 72/78
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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NAME OF COMMITTEE (In Full)	o and address of any political of		
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) USPS			Transaction ID: 71010.E3657 Date of Disbursement
Mailing Address Pagefield Postal Store			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 0 \end{array} \\ \end{array} \\ \begin{pmatrix} D \\ 0 \end{array} \\ \begin{pmatrix} D \\ 2 \end{array} \\ \begin{pmatrix} Y \\ Y \\ Y \end{array} \\ \end{pmatrix} \\ \begin{pmatrix} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{pmatrix} Y \\ Y \\ Y \end{array} \\ \end{pmatrix} \\ \begin{pmatrix} Y \\ Y \\ Y \\ Y \end{array} \\ \end{pmatrix} \\ \begin{pmatrix} Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{pmatrix} Y \\ Y \\$
City Fort Myers	State Zip Code FL 33907-1403		Amount of Each Disbursement this Perio
Purpose of Disbursement		v v	9.68
postage Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: POSTAGE
Full Name (Last, First, Middle Initial)			Transaction ID: 80128.E3744
Stone Group, LLC			Date of Disbursement
Mailing Address 5701 Bayview Drive			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
City Fort Lauderdale	StateZip CodeFL33308-		Amount of Each Disbursement this Perio
Purpose of Disbursement fundraising consulting fee			2000.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		FUNDRAISING CONSULTING FEE
Full Name (Last, First, Middle Initial) Stone Group, LLC			Transaction ID: 80128.E3762 Date of Disbursement
Mailing Address 5701 Bayview Drive			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ I \end{array} \begin{array}{c} D \\ I \end{array} \begin{array}{c} 0 \\ I \end{array} \begin{array}{c} J \end{array} \begin{array}{c} I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$
City Fort Lauderdale	State Zip Code FL 33308-		Amount of Each Disbursement this Peric
Purpose of Disbursement			2000.00
fundraising consulting fee Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		FUNDRAISING CONSULTING FEE
SUBTOTAL of Disbursements This Page (optional)		····· ►	4000.00
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TOTAL This Period (last page this line number only) 5AN018		₽	FEC Schedule B (Form 3) (Revised

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ny Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) SunTrust Credit Card			Transaction ID: 71010.E3678 Date of Disbursement
Mailing Address PO Box 791250			$10^{M} 0^{2} / 02^{2} / 2007^{2}$
City Baltimore	State Zip Code MD 21279-1250		Amount of Each Disbursement this Perio
Purpose of Disbursement		· · ·	268.03
CREDIT CARD: SEE BELOW Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	sement For: Primary General Other (specify) ▼	, F -	CREDIT CARD: SEE BELOW
State: District: Full Name (Last, First, Middle Initial)			
AT&T- Cingular Wireless			Transaction ID: 71010.E3680 Date of Disbursement
Mailing Address PO Box 31488			$10^{M} / 02^{D} / 2007^{Y}$
City Tampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Peric
Purpose of Disbursement			110.09
cell phone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
Full Name (Last, First, Middle Initial) Bonita Springs Self Storage			Transaction ID: 71010.E3679 Date of Disbursement
Mailing Address 8953 Terrene Court			$10^{M} 0^{M} / 02^{D} / 2007^{Y}$
City Bonita Springs	State Zip Code FL 34135-		Amount of Each Disbursement this Perio
Purpose of Disbursement			157.94
storage Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: STORAGE
State: District:			
SUBTOTAL of Disbursements This Page (optional)	►	268.03
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	ame (Last, F rust Credi	First, Middle Initial) It Card					Transaction Date of Disb	ursemen	-	_	
Mailing	g Address	PO Box 791250						^D 05		20	0 0 7 ^Y
City Baltin	more		Stat ME		Zip Code 21279-1250		Amount of E	ach Disb	oursem	-	
CRED	se of Disbur DIT CARD: S date Name	rsement SEE BELOW				ategory/	Refund o Contribut	ions Rec	quired	xces	
Office State:	Sought:	House Senate President District:		nt For: imary ther (spe	General	 Туре	CREDIT CA			ELO'	W
AT&T		First, Middle Initial) r Wireless PO Box 31488					Transaction Date of Disb		-)) 0 7 ^Y
cell ph	se of Disbu		Sta FL		Zip Code 33631-3488	ategory/	Amount of Example 1 Amount of Example 2 Amount	r Dispos ions Rec	al of E quired	12 ixces	28.96 s
Office State:	Sought:	House Senate President District:		nt For: imary ther (spe	General cify) ▼	Туре	[MEMO ITE MEMO: CE	[M]			
		First, Middle Initial) Self Storage					Transaction Date of Disb	ursemen	-	3719)
Mailing	g Address	8953 Terrene Co	ourt				1 1 /	^D 05	/ Y	ž o	07
	a Springs se of Disbu	reement	Sta FL		Zip Code 34135-		Amount of E	ach Disb	oursem		his Perio 57.94
storage						ategory/ Type	Refund o Contribut 11 C.F.R	ions Rec . 400.53	quired		
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SCHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUME (check only one)	BER: PAGE 75 / 78
	Detailed Summary Page	X 17 20a	
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Capitol Hill Club			nsaction ID: 80128.E3718 e of Disbursement
Mailing Address 300 First Street, S.E.		1	
City Washington	State Zip Code DC 20003-	Am	ount of Each Disbursement this Perio
Purpose of Disbursement			203.34
meals Candidate Name		ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: Primary General Other (specify) ▼	[ME	MO: MEALS
State: District:			
Full Name (Last, First, Middle Initial) Verizon Wireless			nsaction ID: 80128.E3721 e of Disbursement
Mailing Address 131 North Court Hous	e Rd	1	
City Arlington	State Zip Code VA 22201-	Am	ount of Each Disbursement this Perio
Purpose of Disbursement cell phone			19.39 Refund or Disposal of Exacts
Candidate Name		ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		E MO ITEM] MO: CELL PHONE
Full Name (Last, First, Middle Initial) SunTrust Credit Card			nsaction ID: 80128.E3770 e of Disbursement
Mailing Address PO Box 791250		1	2 ^M / D 0 3 / Y 2 0 0 7
City Baltimore	State Zip Code MD 21279-1250	Am	ount of Each Disbursement this Perio
Purpose of Disbursement			1079.62
CREDIT CARD: SEE BELOW Candidate Name	C	ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		EDIT CARD: SEE BELOW
SUBTOTAL of Disbursements This Page (option	al)		1079.62
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS Any Information copied from such Reports and Stater	Use separate schedule(s) for each category of the Detailed Summary Page		rone) K 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statel or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless			Transaction ID: 80128.E3774 Date of Disbursement
Mailing Address PO Box 31488			$12^{M} 2^{M} / 03^{D} / 2007^{Y}$
City Tampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
Purpose of Disbursement cell phone Candidate Name	c	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	<u>)</u>	[MEMO ITEM] MEMO: CELL PHONE
Full Name (Last, First, Middle Initial) Bonita Springs Self Storage			Transaction ID: 80128.E3772 Date of Disbursement
Mailing Address 8953 Terrene Court			
City Bonita Springs	State Zip Code FL 34135-		Amount of Each Disbursement this Perio
Purpose of Disbursement storage Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: STORAGE
Full Name (Last, First, Middle Initial) Capitol Hill Club			Transaction ID: 80128.E3771 Date of Disbursement
Mailing Address 300 First Street, S.E.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} $
City Washington	StateZip CodeDC20003-		Amount of Each Disbursement this Perio
Purpose of Disbursement meals			472.35 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
State: District:			· · · · · · · · · · · · · · · · · · ·
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			and address of any point	arcon						
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	Full Name (Last, Capitol Hill Clu	First, Middle Initial) Ib					ion ID: 80		776	
N	Mailing Address	300 First Street, S.E.				1 ²	^D 03	/ Y	2007	
	City Washington		State Zip Code DC 20003-			Amount o	f Each Dis	burseme	ent this Period	
F	Purpose of Disbu	irsement			v v				129.78	
-	meals Candidate Name				ategory/ Type	Contri	d or Disposed butions Re R. 400.53	quired L		
	Office Sought: State:	House Disbu Senate President District:	rsement For: Primary Genera Other (specify) ▼			(MEMO I MEMO: N				
		First, Middle Initial)				T	an ID- 001		775	
\	Verizon Wirele	ess				Date of D	isburseme	nt	775 2007	
Ν	Mailing Address	131 North Court House	e Rd			12	03	L .	2007	
/	City Arlington		State Zip Code VA 22201-	_		Amount of Each Disbursement this			ent this Perior	
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-	Candidate Name				ategory/ Type	Contri	d or Dispos butions Re F.R. 400.53	quired L	cess Inder	
	Office Sought: State:	House Disbu Senate President District:	Primary Genera Other (specify) ▼	l		MEMO: (-	ONE		
	Full Name (Last, The Club At Me	First, Middle Initial) editerra					ion ID: 710		655	
Ņ	Mailing Address	15755 Corso Mediterra	a Cr			10 ^M	^D 02	/ Y	ž007	
	City Naples		State Zip Code FL 34110-			Amount o	f Each Dis		ent this Perio	
	Purpose of Disbu								1590.05	
_	Fundraising costs Candidate Name	\$			ategory/ Type	Contri	d or Dispos butions Re F.R. 400.53	quired L		
	Office Sought: State:	House Disbu Senate President District:	rsement For: Primary Genera Other (specify) ▼	-		FUNDRA	ISING C	OSTS		
		pursements This Page (optional	al)		►			1	590.05	
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FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) X 17 18 19a 19b 20a 20b 20c 21				
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NAME OF COMMITTEE (In Full) Friends of Connie Mack							
Full Name (Last, First, Middle Initial)			Transaction ID: 80128.E3760				
The UPS Store			Date of Disbursement				
Mailing Address 5100 S. Cleveland Aven	ue, #318		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 0 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 1 \end{array} $				
City	State Zip Code		Amount of Each Disbursement this Peri				
Fort Myers	FL 33907-		133.56				
Purpose of Disbursement po box reneal			Refund or Disposal of Excess				
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		PO BOX RENEAL				
Full Name (Last, First, Middle Initial) USPS			Transaction ID: 71010.E3681 Date of Disbursement				
Mailing Address 1050 Connecticut Ave, N	4W		$10^{M} 1 0^{M} 1 0^{D} 1 0^{D} 1 1 0^{D} 1 0^{D} 1 1 0^{T} 1$				
City Washington	StateZip CodeDC20036-		Amount of Each Disbursement this Peri				
Purpose of Disbursement			64.00				
PO box renewal Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		PO BOX RENEWAL				
Full Name (Last, First, Middle Initial)			Transaction ID: 71010.E3661				
Yuma Solutions, Inc.			Date of Disbursement				
Mailing Address 1922 Miccosukee Road			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 0 \end{array} \\ \end{array} \\ \begin{pmatrix} D \\ 0 \end{array} \\ \begin{pmatrix} D \\ 2 \end{array} \\ \begin{pmatrix} V \\ 2 \end{array} \\ \end{pmatrix} \\ \\ \begin{pmatrix} V \\ 2 \end{array} \\ \begin{pmatrix} V \\ 2 \end{array} \\ \end{pmatrix} \\ \\ \end{pmatrix} $				
City Tallahassee	State Zip Code FL 32308-		Amount of Each Disbursement this Peri				
Purpose of Disbursement			1032.25				
blackberry services			Refund or Disposal of Excess				
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		BLACKBERRY SERVICES				
SUBTOTAL of Disbursements This Page (optional)		>	1229.81				
			70662.05				
FOTAL This Period (last page this line number only)	····· •	1002.05				