

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

Friends of Connie Mack

ADDRESS (number and street) P.O. Box 519

Check if different than previously reported. (ACC)

Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

FL 14

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 08 05 2010 through 09 30 2010

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

Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 10 15 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 55687.50 | 877929.83 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 55687.50 | 877929.83 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 90759.58 | 845174.50 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 4234.17 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 90759.58 | 840940.33 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 541262.13 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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 | 19055.00 | 626872.04 |
| (i) Itemized (use Schedule A)..... | 2382.50 | 73322.79 |
| (ii) Unitemized..... | 21437.50 | 700194.83 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 580.00 |
| (b) Political Party Committees..... | 34250.00 | 177155.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 55687.50 | 877929.83 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 0.00 | 4234.17 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | | |
| | 55687.50 | 882164.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 90759.58 | 845174.50 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 56000.00 | 74500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 146759.58 | 919674.50 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 632334.21 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 55687.50 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 688021.71 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 146759.58 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 541262.13 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 63 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Patrick Adams | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 4351 Gulf Shore Blvd N | Transaction ID: 01007.C22636 |
| | City State Zip Code Naples FL 34103-2697 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer retired Occupation retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 625.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) William G. Allyn | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 525 Gulf Shore Blvd N | Transaction ID: 01007.C22721 |
| | City State Zip Code Naples FL 34102-5550 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer retired Occupation retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Ethel Barnes | Date of Receipt MM / DD / YYYY 08 / 17 / 2010 |
| | Mailing Address 101 Orange Ln | Transaction ID: 01007.C22706 |
| | City State Zip Code Islamorada FL 33036-3012 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Information Requested Occupation Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Charles Berry

Mailing Address 5959 Trenton Lane N

City State Zip Code
Minneapolis MN 55442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Twin Cities Financial CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 00813.C22628

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Albert Bingham

Mailing Address 706 S Park Ave

City State Zip Code
Hinsdale IL 60521-4646

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Buckmatic Transport trucking

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 01007.C22771

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Arthur Bourque

Mailing Address 88 Laurie Dr NE

City State Zip Code
Fort Walton Beach FL 32548-5153

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 01007.C22680

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional) 2025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Robert Bringer

Mailing Address 1438 Causey Ct

City State Zip Code
Sanibel FL 33957-3641

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 01007.C22738

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Brown

Mailing Address 1329 Eagle Run Dr

City State Zip Code
Sanibel FL 33957-6709

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2010

Transaction ID: 01007.C22648

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Brown, III

Mailing Address 2665 Oak Ridge Ct

City State Zip Code
Fort Myers FL 33901-9389

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Eye Centers of Florida physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: 00813.C22629

Amount of Each Receipt this Period
2400.00

Receipt

SUBTOTAL of Receipts This Page (optional) 2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
James Capazzi

Mailing Address 835 New Waterford Dr Apt 103

City State Zip Code
Naples FL 34104-8322

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 08 / 17 / 2010
Transaction ID: 01007.C22711
 Amount of Each Receipt this Period 50.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Philip Catalano

Mailing Address 5307 10th Avenue Dr W

City State Zip Code
Bradenton FL 34209-4213

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Philip M. Catalano, M.D., P.A. physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 01007.C22685
 Amount of Each Receipt this Period 30.00
 Receipt

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

Mailing Address 9045 Strada Stell Ct # 500

City State Zip Code
Naples FL 34109-4344

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
none retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2900.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 01007.C22631
 Amount of Each Receipt this Period 1450.00
 Receipt

SUBTOTAL of Receipts This Page (optional) 1530.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address 9045 Strada Stell Ct # 500

City State Zip Code
Naples FL 34109-4344

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3850.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 00813.C22626
 Amount of Each Receipt this Period 950.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Charles Crist

Mailing Address 3 Brightwaters Cir NE

City State Zip Code
Saint Petersburg FL 33704-3729

FEC ID number of contributing federal political committee. C

Name of Employer Bay Area Health Occupation physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 08 / 12 / 2010
Transaction ID: 01007.C22673
 Amount of Each Receipt this Period 150.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Judy Deluca-Ford

Mailing Address 27488 Arbor Strand Dr

City State Zip Code
Bonita Springs FL 34134-2696

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt 08 / 17 / 2010
Transaction ID: 01007.C22716
 Amount of Each Receipt this Period 200.00
 Receipt

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Charles W. Drake

Mailing Address 1000 Lely Palms Dr Apt E327

City State Zip Code
Naples FL 34113-8981

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

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2010

Transaction ID: 01007.C22674

Amount of Each Receipt this Period

125.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Charles Edwards

Mailing Address PO Box 1605

City State Zip Code
Fort Myers FL 33902-1605

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

Name of Employer Smoot Adams Edwards

Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2010

Transaction ID: 01007.C22757

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William Eversmann

Mailing Address 14530 Headwater Bay Ln

City State Zip Code
Fort Myers FL 33908-4948

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

Name of Employer retired

Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 16 / 2010

Transaction ID: 01007.C22712

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 63 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | |
|--|---|-----------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Robert Furek | | Date of Receipt |
| | Mailing Address 1370 Cutler Ct | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2010 |
| | City | State | Zip Code |
| | Marco Island | FL | 34145-5841 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 01007.C22639 |
| Name of Employer retired | | Occupation retired | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 200.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 400.00 | |

| | | | |
|--|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Lois Gibbs | | Date of Receipt |
| | Mailing Address 1000 Lely Palms Dr Apt D213 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 13 / 2010 |
| | City | State | Zip Code |
| | Naples | FL | 34113-8904 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 01007.C22672 |
| Name of Employer retired | | Occupation retired | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 50.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 250.00 | |

| | | | |
|--|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Frances Harrell | | Date of Receipt |
| | Mailing Address 2660 Magnolia Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2010 |
| | City | State | Zip Code |
| | Pensacola | FL | 32503-4945 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 01007.C22687 |
| Name of Employer Self Employed | | Occupation Oil and Gas | Amount of Each Receipt this Period |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | <input type="text"/> 100.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 200.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 350.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Sheridan Harris

Mailing Address 2571 Windward Way

City Naples State FL Zip Code 34103-4067

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

Name of Employer Harris Realty Company Occupation real estate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 01007.C22751
 Amount of Each Receipt this Period 50.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Martin Harrity

Mailing Address 1263 Isabel Dr

City Sanibel State FL Zip Code 33957-3509

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

Name of Employer Self Employed Occupation restauranteur

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3600.00

Date of Receipt 08 / 12 / 2010
Transaction ID: 01007.C22659
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Dale Johnson

Mailing Address 1540 Caxambas Ct

City Marco Island State FL Zip Code 34145-6606

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 08 / 18 / 2010
Transaction ID: 01007.C22713
 Amount of Each Receipt this Period 100.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Randy Krise

Mailing Address 1417 Steele St

City State Zip Code
Fort Myers FL 33901-8431

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 01007.C22653

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Albert Laub

Mailing Address 303 Cuddy Ct

City State Zip Code
Naples FL 34103-4074

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

Name of Employer retired Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 01007.C22743

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Lawlor

Mailing Address 213 Grant Ave

City State Zip Code
Lehigh Acres FL 33936-1805

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

Name of Employer Self Employed Occupation podiatrist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

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

Transaction ID: 01007.C22651

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
J. Robert Long

Mailing Address 2443 SW Pine Island Rd

City State Zip Code
Cape Coral FL 33991-1282

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

Name of Employer Occupation
Marine Concepts owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 01007.C22729

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ingrid Ludscheidt

Mailing Address 1230 Taylor Lane Ext Unit 126

City State Zip Code
Lehigh Acres FL 33936-6160

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: 01007.C22748

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Richard Marx

Mailing Address PO Box 440

City State Zip Code
Wappingers Falls NY 12590-0440

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

Name of Employer Occupation
self-employed insurance

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 01007.C22709

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Tina Matte

Mailing Address 9051 Pittsburgh Blvd

City State Zip Code
Fort Myers FL 33912-7206

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

Name of Employer Occupation
Gravina, Smith & Matte Partner/Public Relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 01007.C22658

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Moran

Mailing Address 875 5th Ave # 2C

City State Zip Code
New York NY 10065-4952

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

Name of Employer Occupation
Mutual of America insurance

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: 01007.C22726

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gary Oatey

Mailing Address 4700 W 160th St

City State Zip Code
Cleveland OH 44135-2632

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

Name of Employer Occupation
Oatey Co chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: 01007.C22776

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Nathaniel Pendleton, Jr.
Mailing Address 1239 Carlene Ave

City State Zip Code
Fort Myers FL 33901-8715

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 01007.C22742

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
John J. Poelker
Mailing Address 16081 Amberwood Lake Ct Apt 2

City State Zip Code
Fort Myers FL 33908-3228

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

Name of Employer Information Requested Occupation Information Requested
Apple Transportation president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: 01007.C22661

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kay G. Poitras
Mailing Address 27 B Moore Rd

City State Zip Code
Haines City FL 33844-8698

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

Name of Employer Information Requested Occupation Information Requested
n/a retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: 01007.C22678

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Paul Polley

Mailing Address 467 Meadow Lark Dr

City State Zip Code
Sarasota FL 34236-1901

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

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Fitzhugh Powell

Mailing Address PO Box 41490

City State Zip Code
Jacksonville FL 32203-1490

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

Name of Employer Occupation
Self Employed Bonds

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
David J. Rice

Mailing Address 3040 Rivershore Ln

City State Zip Code
Port Charlotte FL 33953-5695

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

Name of Employer Occupation
self-employed physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Jason Roe
Mailing Address 2715 Morava Pl
City San Diego State CA Zip Code 92110-2360
FEC ID number of contributing federal political committee. **C**
Name of Employer Revolvis Consulting Occupation partner
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 08 / 05 / 2010
Transaction ID: 01007.C22643
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Geoffrey Roepstorff
Mailing Address 1287 Isabel Dr
City Sanibel State FL Zip Code 33957-3509
FEC ID number of contributing federal political committee. **C**
Name of Employer Edison National Bank Occupation banker
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 08 / 12 / 2010
Transaction ID: 01007.C22650
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Franz Rosinus
Mailing Address 9420 Bonita Beach Rd SE Ste 200
City Bonita Springs State FL Zip Code 34135-4774
FEC ID number of contributing federal political committee. **C**
Name of Employer Old Corkscrew Plantation Occupation partner
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 08 / 11 / 2010
Transaction ID: 01007.C22667
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N
Apt. 12

City State Zip Code
Naples FL 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tracy Rudolph

Mailing Address 735 Macedonia Dr

City State Zip Code
Punta Gorda FL 33950-8021

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
John W. Sampson

Mailing Address 9614 Parkwood Ct.

City State Zip Code
Fort Myers FL 33908-2861

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
John W. Sampson
Mailing Address 9614 Parkwood Ct.
City State Zip Code
Fort Myers FL 33908-2861
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 1 0
Transaction ID: 01007.C22728
Amount of Each Receipt this Period
500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Edwin Sandham
Mailing Address 1964 SW Saint Andrews Dr
City State Zip Code
Palm City FL 34990-2210
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1101.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 1 0
Transaction ID: 01007.C22679
Amount of Each Receipt this Period
225.00
Receipt

C. Full Name (Last, First, Middle Initial)
Shawn Seliger
Mailing Address PO Box 07074
City State Zip Code
Fort Myers FL 33919-0074
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation attorney
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 1 0
Transaction ID: 01007.C22730
Amount of Each Receipt this Period
300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **1025.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
F.G. Shepardson

Mailing Address 502 Kelsey Street

City State Zip Code
Lakeland FL 33803-2382

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

Name of Employer Occupation
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 01007.C22681

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Daniel Singer, M.D.

Mailing Address 465 Parkhouse Ct.

City State Zip Code
Marco Island FL 34145

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

Name of Employer Occupation
Naples Radiology, PC radiologist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 00810.C22621

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph T. Steuer

Mailing Address 2900 14th St N Ste 50

City State Zip Code
Naples FL 34103-4589

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 01007.C22640

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Patricia Swindle
Mailing Address 137 Clarke Ave
City State Zip Code
Palm Beach FL 33480-6122
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Homemaker homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0
Transaction ID: 01007.C22754
Amount of Each Receipt this Period
100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Tarpey
Mailing Address 20360 Riverbrooke Run
City State Zip Code
Estero FL 33928-2981
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Leafguard Gutter System owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 1 0
Transaction ID: 01007.C22733
Amount of Each Receipt this Period
200.00
Receipt

C. Full Name (Last, First, Middle Initial)
US Airways
Mailing Address 7 Park Center
City State Zip Code
Pittsburgh PA 15220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 1 0
Transaction ID: 00810.C22622
Amount of Each Receipt this Period
669.50
Memo
[MEMO ITEM]
refund of airline charges

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 63 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Ridgewell Caterers Inc | | Date of Receipt MM / DD / YYYY 09 / 08 / 2010 |
| Mailing Address 5525 Dorsey Ln | | Transaction ID: 01007.C22759 |
| City Bethesda | State MD | Zip Code 20816-1501 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | Memo |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 0.00 | [MEMO ITEM] refund of catering charge |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Larry Wright | | Date of Receipt MM / DD / YYYY 08 / 30 / 2010 |
| Mailing Address 6005 Cypress Ln | | Transaction ID: 01007.C22753 |
| City Bonita Springs | State FL | Zip Code 34134-3836 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Information Requested | Occupation Information Requested | Receipt |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 200.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 100.00 |
| TOTAL This Period (last page this line number only) | 19055.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
American College Of Radiology PAC
Mailing Address 505 9th St NW Ste 910

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 08 / 10 / 2010
Transaction ID: 00811.C22625
 Amount of Each Receipt this Period: 2500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
American Medical Assoc. PAC
Mailing Address 25 Massachusetts Ave NW #600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 00806.C22620
 Amount of Each Receipt this Period: 2000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
BNSF RAILPAC
Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: 01007.C22766
 Amount of Each Receipt this Period: 2500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1500 Market Street, 35th Fl.

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2010
Transaction ID: 00810.C22624
 Amount of Each Receipt this Period 1500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Credit Suisse First Boston Govt. Fund PA

Mailing Address 1201 F St NW Ste 450

City Washington State DC Zip Code 20004-1214

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 01007.C22756
 Amount of Each Receipt this Period 4000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address P. O. Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 09 / 2010
Transaction ID: 00810.C22623
 Amount of Each Receipt this Period 2000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Florida Crystals PAC
Mailing Address 1420 New York Avenue, N.W., #800
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00296624
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 09 / 28 / 2010
Transaction ID: 01007.C22778
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Home Depot Inc PAC
Mailing Address 101 Constitution Ave NW Ste 800W
City Washington State DC Zip Code 20001-2127
FEC ID number of contributing federal political committee. **C** C00284885
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00
Date of Receipt 09 / 20 / 2010
Transaction ID: 01007.C22765
Amount of Each Receipt this Period 3000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Microsoft Corporation PAC
Mailing Address 16011 NE 36th Way
City Redmond State WA Zip Code 98073-9717
FEC ID number of contributing federal political committee. **C** C00227546
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00
Date of Receipt 09 / 28 / 2010
Transaction ID: 01007.C22779
Amount of Each Receipt this Period 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
NFIB Safe Trust PAC
Mailing Address 1201 F St NW Ste 200

City State Zip Code
Washington DC 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: 01007.C22772
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Nuclear Energy Institute Federal PAC
Mailing Address 1776 I St NW Lbby 4

City State Zip Code
Washington DC 20006-3759

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 01007.C22764
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
PriceWaterhouseCoopers PAC
Mailing Address 1301 K St NW Ste 800

City State Zip Code
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 01007.C22773
 Amount of Each Receipt this Period
 2000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address 801 Pennsylvania Ave NW Ste 250

City State Zip Code
Washington DC 20004-2681

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: 00813.C22630

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address 104 Hume Ave

City State Zip Code
Alexandria VA 22301-1015

FEC ID number of contributing federal political committee. **C** C00340661

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 01007.C22774

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
The Congressman Joe Barton Committee

Mailing Address PO Box 1444

City State Zip Code
Ennis TX 75120-1444

FEC ID number of contributing federal political committee. **C** C00195065

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: 01007.C22775

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
The Goldman Sachs Group, Inc PAC

Mailing Address 101 Constitution Ave NW Ste 1000E

City State Zip Code
Washington DC 20001-2171

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: 01007.C22769

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 34250.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Rob Jennings | Transaction ID: 01007.E5655 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 501 L St NW | Amount of Each Disbursement this Period 1500.00 |
| | City Washington State DC Zip Code 20001-3670 | |
| | Purpose of Disbursement fundraising consulting Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FUNDRAISING CONSULTING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Rob Jennings | Transaction ID: 01007.E5745 Date of Disbursement 09 / 30 / 2010 |
| | Mailing Address 501 L St NW | Amount of Each Disbursement this Period 1500.00 |
| | City Washington State DC Zip Code 20001-3670 | |
| | Purpose of Disbursement Fundraising Consulting Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FUNDRAISING CONSULTING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan | Transaction ID: 01007.E5656 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 1040 Hampton Cir | Amount of Each Disbursement this Period 500.00 |
| | City Naples State FL Zip Code 34105-4821 | |
| | Purpose of Disbursement fundraising consultant Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FUNDRAISING CONSULTANT |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan Mailing Address 1040 Hampton Cir City Naples State FL Zip Code 34105-4821 Purpose of Disbursement fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5746 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 Amount of Each Disbursement this Period 500.00 FUNDRAISING CONSULTING |
| B. | Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 360002 City Fort Lauderdale State FL Zip Code 33336- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5609 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010 Amount of Each Disbursement this Period 4407.67 CREDIT CARD: SEE BELOW |
| C. | Full Name (Last, First, Middle Initial) Apple Store Mailing Address 1100 S Hayes St City Arlington State VA Zip Code 22202-4907 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5610 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010 Amount of Each Disbursement this Period 1860.64 [MEMO ITEM] MEMO: OFFICE SUPPLIES |

SUBTOTAL of Disbursements This Page (optional) ▶

4907.67

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 13711 S. Tamiami Trail</p> <p>City Fort Myers State FL Zip Code 33912-</p> <p>Purpose of Disbursement event supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5611</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 97.48</p> <p>[MEMO ITEM] MEMO: EVENT SUPPLIES</p> |
| <p>B. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5613</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 592.41</p> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement express mail delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5614</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 91.05</p> <p>[MEMO ITEM] MEMO: EXPRESS MAIL DELIVERY</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Vergina Restaurant Mailing Address 700 5th Ave S City Naples State FL Zip Code 34102-6604 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5615 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 54.15 [MEMO ITEM] MEMO: MEALS | |
| B. | Full Name (Last, First, Middle Initial) Paddy Murphys Pub Mailing Address 457 5th Ave S City Naples State FL Zip Code 34102-6525 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5616 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 13.50 [MEMO ITEM] MEMO: MEALS | |
| C. | Full Name (Last, First, Middle Initial) Florida Business Information, Inc. Mailing Address PO Box 193 City Bell State CA Zip Code 32619-0193 Purpose of Disbursement newspaper clipping service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5618 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 125.00 [MEMO ITEM] MEMO: NEWSPAPER CLIPPING SERVICE | |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5019 S Cleveland Ave</p> <p>City Fort Myers State FL Zip Code 33907-1373</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5619</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.06"/></p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p> |
| <p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 131 North Court House Rd</p> <p>City Arlington State VA Zip Code 22201-</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5620</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="170.60"/></p> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Pagefield Postal Store</p> <p>City Fort Myers State FL Zip Code 33907-1403</p> <p>Purpose of Disbursement mailing supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5621</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="182.07"/></p> <p>[MEMO ITEM] MEMO: MAILING SUPPLIES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Phonetag Mailing Address 110 E 59th St City New York State NY Zip Code 10022-1306 Purpose of Disbursement voicemail service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5622 Date of Disbursement 08 / 05 / 2010 | Amount of Each Disbursement this Period 29.95 [MEMO ITEM] MEMO: VOICEMAIL SERVICE |
| B. | Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st St SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement campaign meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5623 Date of Disbursement 08 / 05 / 2010 | Amount of Each Disbursement this Period 176.21 [MEMO ITEM] MEMO: CAMPAIGN MEALS |
| C. | Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. Mailing Address 1922 Miccosukee Road City Tallahassee State FL Zip Code 32308- Purpose of Disbursement blackberry service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5624 Date of Disbursement 08 / 05 / 2010 | Amount of Each Disbursement this Period 156.00 [MEMO ITEM] MEMO: BLACKBERRY SERVICE |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement membership fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5625</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p> <p>[MEMO ITEM] MEMO: MEMBERSHIP FEE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mortons of Arlington</p> <p>Mailing Address 1750 Crystal Dr</p> <p>City Arlington State VA Zip Code 22202-3401</p> <p>Purpose of Disbursement event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5626</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="692.40"/></p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p> |
| <p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5669</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7621.64"/></p> <p>CREDIT CARD: SEE BELOW</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
travel expense - airline travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01007.E5671
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 257.60 |
|--------|

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRLINE TRAVEL

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement
travel expense - train travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01007.E5672
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 88.00 |
|-------|

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - TRAIN TRAVEL

C.

Full Name (Last, First, Middle Initial)
Southwest Florida International Airport

Mailing Address 11000 Terminal Access Rd Ste 8671

City Fort Myers State FL Zip Code 33913-8213

Purpose of Disbursement
parking

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01007.E5673
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 352.00 |
|--------|

[MEMO ITEM]

MEMO: PARKING

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) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Doubletree Hotel <hr/> Mailing Address 821 Washington St <hr/> City Boston State MA Zip Code 02111-1519 <hr/> Purpose of Disbursement lodging expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5674 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 120.70 <hr/> [MEMO ITEM] MEMO: LODGING EXPENSE |
| B. | Full Name (Last, First, Middle Initial) AT&T Wireless <hr/> Mailing Address P. O. Box 8229 <hr/> City Aurora State IL Zip Code 60572- <hr/> Purpose of Disbursement telephone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5675 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 224.45 <hr/> [MEMO ITEM] MEMO: TELEPHONE SERVICE |
| C. | Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address multiple locations <hr/> City State Zip Code <hr/> Purpose of Disbursement lodging expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5676 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 638.87 <hr/> [MEMO ITEM] MEMO: LODGING EXPENSE |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Jet Blue</p> <p>Mailing Address 11829 Queens Blvd</p> <p>City Forest Hills State NY Zip Code 11375-7203</p> <p>Purpose of Disbursement travel expense - airline travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5679 Date of Disbursement: 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 567.40</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE - AIRLINE TRAVEL</p> |
| <p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5680 Date of Disbursement: 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 17.25</p> <p>[MEMO ITEM] MEMO: SERVICE FEE</p> |
| <p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement express mail delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5681 Date of Disbursement: 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 513.90</p> <p>[MEMO ITEM] MEMO: EXPRESS MAIL DELIVERY</p> |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

Mailing Address PO Box 193

City Bell State CA Zip Code 32619-0193

Purpose of Disbursement newspaper clipping service

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5686

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

MEMO: NEWSPAPER CLIPPING SERVICE

B. Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 5019 S Cleveland Ave

City Fort Myers State FL Zip Code 33907-1373

Purpose of Disbursement office supplies

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5687

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

499.75

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
Paddy Murphys Pub

Mailing Address 457 5th Ave S

City Naples State FL Zip Code 34102-6525

Purpose of Disbursement meals

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5688

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

241.10

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House Rd City Arlington State VA Zip Code 22201- Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5689 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 228.80 [MEMO ITEM] MEMO: TELEPHONE SERVICE |
| B. | Full Name (Last, First, Middle Initial) USPS Mailing Address Pagefield Postal Store City Fort Myers State FL Zip Code 33907-1403 Purpose of Disbursement mailing supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5690 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 17.95 [MEMO ITEM] MEMO: MAILING SUPPLIES |
| C. | Full Name (Last, First, Middle Initial) Phonetag Mailing Address 110 E 59th St City New York State NY Zip Code 10022-1306 Purpose of Disbursement voicemail service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5692 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 29.95 [MEMO ITEM] MEMO: VOICEMAIL SERVICE |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st St SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement campaign meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5693 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 535.50</p> <p>[MEMO ITEM] MEMO: CAMPAIGN MEALS</p> |
| <p>B. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement campaign software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5694 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>[MEMO ITEM] MEMO: CAMPAIGN SOFTWARE</p> |
| <p>C. Full Name (Last, First, Middle Initial) The Harvard Club Of New York</p> <p>Mailing Address 27 W 44th St</p> <p>City New York State NY Zip Code 10036-6613</p> <p>Purpose of Disbursement lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5696 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>[MEMO ITEM] MEMO: LODGING</p> |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5604</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4971.20"/></p> <p>LEGAL</p> |
| <p>B. Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement FEC Campaign Reporting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5603</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3366.77"/></p> <p>FEC CAMPAIGN REPORTING</p> |
| <p>C. Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5663</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5958.10"/></p> <p>LEGAL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Arent Fox LLP <hr/> Mailing Address 1050 Connecticut Ave NW <hr/> City Washington State DC Zip Code 20036-5308 <hr/> Purpose of Disbursement FEC Campaign Reporting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5662 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010 |
| | Amount of Each Disbursement this Period 3622.13 |
| | Category/ Type FEC CAMPAIGN REPORTING |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless <hr/> Mailing Address PO Box 31488 <hr/> City Tampa State FL Zip Code 33631-3488 <hr/> Purpose of Disbursement cell phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5749 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2010 |
| | Amount of Each Disbursement this Period 391.30 |
| | Category/ Type CELL PHONE SERVICE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless <hr/> Mailing Address PO Box 31488 <hr/> City Tampa State FL Zip Code 33631-3488 <hr/> Purpose of Disbursement cell phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5750 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010 |
| | Amount of Each Disbursement this Period 161.78 |
| | Category/ Type CELL PHONE SERVICE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

4175.21

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <p>Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107</p> <p>City Cape Coral State FL Zip Code 33904-7282</p> <p>Purpose of Disbursement campaign car insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5607</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 205.56</p> <p>CATEGORY/Type CAMPAIGN CAR INSURANCE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <p>Mailing Address Olin Hill & Associates Inc 2804 Del Prado Blvd S Suite 107</p> <p>City Cape Coral State FL Zip Code 33904-7282</p> <p>Purpose of Disbursement campaign car insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5667</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 205.56</p> <p>CATEGORY/Type CAMPAIGN CAR INSURANCE</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5627</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1724.98</p> <p>CATEGORY/Type CREDIT CARD: SEE BELOW</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2136.10

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5629 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 348.26 [MEMO ITEM] MEMO: STORAGE | |
| B. | Full Name (Last, First, Middle Initial) Gulf Harbour Golf & Country Club Mailing Address 14500 Vista River Dr City Fort Myers State FL Zip Code 33908-7911 Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5630 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 177.62 [MEMO ITEM] MEMO: CAMPAIGN MEAL | |
| C. | Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 1st Street, S.E. City Washington State DC Zip Code 20016- Purpose of Disbursement event catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5631 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 417.41 [MEMO ITEM] MEMO: EVENT CATERING | |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Zazzle.com

Mailing Address 1900 Seaport Blvd

City State Zip Code
Redwood City CA 94063-

Purpose of Disbursement
campaign gifts
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00810.E5632
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 254.29 |
|--------|

[MEMO ITEM]
MEMO: CAMPAIGN GIFTS

B.

Full Name (Last, First, Middle Initial)
UNIXUSA

Mailing Address 5226 N Reserve Ave

City State Zip Code
Chicago IL 60656-2878

Purpose of Disbursement
communications services
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00810.E5633
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 438.48 |
|--------|

[MEMO ITEM]
MEMO: COMMUNICATIONS SERV-
ICES

C.

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

Mailing Address P. O. Box 8229

City State Zip Code
Aurora IL 60572-

Purpose of Disbursement
telephone service
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00810.E5635
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 156.88 |
|--------|

[MEMO ITEM]
MEMO: TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
card membership fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00810.E5636
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 50.00 |
|-------|

[MEMO ITEM]
MEMO: CARD MEMBERSHIP FEES

B.

Full Name (Last, First, Middle Initial)
CenturyLink

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00810.E5640
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 70.80 |
|-------|

[MEMO ITEM]
MEMO: TELEPHONE SERVICE

C.

Full Name (Last, First, Middle Initial)
Crowne Plaza- Fort Myers

Mailing Address 13051 Bell Tower Dr

City Fort Myers State FL Zip Code 33907-5927

Purpose of Disbursement
lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00810.E5646
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 93.24 |
|-------|

[MEMO ITEM]
MEMO: LODGING

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)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5670 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 8583.15</p> <p>CREDIT CARD: SEE BELOW</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220-</p> <p>Purpose of Disbursement travel expense - airline travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5697 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 3373.00</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE - AIRLINE TRAVEL</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Bonita Springs Self Storage</p> <p>Mailing Address 8953 Terrene Court</p> <p>City Bonita Springs State FL Zip Code 34135-</p> <p>Purpose of Disbursement storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5698 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 174.13</p> <p>[MEMO ITEM] MEMO: STORAGE</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8583.15 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Bobby Vans Grille</p> <p>Mailing Address 1201 New York Ave, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5700</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1950.00</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p> |
| <p>B. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5701</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 156.43</p> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd</p> <p>City Fort Worth State TX Zip Code 76155-</p> <p>Purpose of Disbursement travel expense - airline travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5702</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 590.40</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE - AIRLINE TRAVEL</p> |

| | |
|---|-------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st St SE <hr/> City Washington State DC Zip Code 20003-1801 <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5703 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 485.31 <hr/> [MEMO ITEM] MEMO: MEALS |
| B. | Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop <hr/> Mailing Address B-217 Longworth Bldg. <hr/> City Washington State DC Zip Code 20515- <hr/> Purpose of Disbursement campaign gifts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5705 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 106.06 <hr/> [MEMO ITEM] MEMO: CAMPAIGN GIFTS |
| C. | Full Name (Last, First, Middle Initial) Tortilla Coast <hr/> Mailing Address 400 1st Street, S.E. <hr/> City Washington State DC Zip Code 20016- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5707 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 55.19 <hr/> [MEMO ITEM] MEMO: MEALS |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address P. O. Box 36647

City Dallas State TX Zip Code 75234-

Purpose of Disbursement
travel expense - airline travel

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5708

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

114.70

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRLINE TRAVEL

B.

Full Name (Last, First, Middle Initial)
CenturyLink

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5710

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

141.38

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

C.

Full Name (Last, First, Middle Initial)
Budget Rent-a-car

Mailing Address multiple locations

City State Zip Code

Purpose of Disbursement
travel expense - rental car

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01007.E5719

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

322.23

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - RENTAL CAR

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Jet Blue Mailing Address 11829 Queens Blvd City Forest Hills State NY Zip Code 11375-7203 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5721 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 76.00 [MEMO ITEM] MEMO: MEALS |
| B. | Full Name (Last, First, Middle Initial) Doubletree Hotel Mailing Address 821 Washington St City Boston State MA Zip Code 02111-1519 Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5722 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 273.53 [MEMO ITEM] MEMO: LODGING |
| C. | Full Name (Last, First, Middle Initial) Hilton Garden Inn Mailing Address 12600 University Dr City Fort Myers State FL Zip Code 33907-5670 Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5726 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 792.07 [MEMO ITEM] MEMO: LODGING |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 60 Massachusetts Ave NE</p> <p>City Washington State DC Zip Code 20002-4285</p> <p>Purpose of Disbursement travel expense - train</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5733 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 373.00</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE - TRAIN</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Pagefield Postal Store</p> <p>City Fort Myers State FL Zip Code 33907-1403</p> <p>Purpose of Disbursement mailing services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5735 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 26.40</p> <p>[MEMO ITEM] MEMO: MAILING SERVICES</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Apple Store</p> <p>Mailing Address 1100 S Hayes St</p> <p>City Arlington State VA Zip Code 22202-4907</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5736 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 104.94</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p> |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FedEx | Transaction ID: 01007.E5737 Date of Disbursement 09 / 08 / 2010 |
| | Mailing Address PO Box 1140 | Amount of Each Disbursement this Period 172.00 |
| | City Memphis State TN Zip Code 38101-1140 | |
| | Purpose of Disbursement express mail delivery Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]
MEMO: EXPRESS MAIL DELIVERY

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Edonation 1 Account | Transaction ID: 01007.E5657 Date of Disbursement 09 / 07 / 2010 |
| | Mailing Address 118 N Saint Asaph St | Amount of Each Disbursement this Period 139.83 |
| | City Alexandria State VA Zip Code 22314-3110 | |
| | Purpose of Disbursement fundraising fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

FUNDRAISING FEE

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Edonation 1 Account | Transaction ID: 01007.E5751 Date of Disbursement 09 / 30 / 2010 |
| | Mailing Address 118 N Saint Asaph St | Amount of Each Disbursement this Period 30.00 |
| | City Alexandria State VA Zip Code 22314-3110 | |
| | Purpose of Disbursement fundraising fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

FUNDRAISING FEE

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 169.83 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 56 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 105697 City Atlanta State GA Zip Code 30348-5697 Purpose of Disbursement campaign car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5608 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 635.71 CAMPAIGN CAR |
| B. | Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 105697 City Atlanta State GA Zip Code 30348-5697 Purpose of Disbursement campaign car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5668 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 635.71 CAMPAIGN CAR |
| C. | Full Name (Last, First, Middle Initial) Fundraising by Net LLC Mailing Address 1101 Pennsylvania Ave NW Fl 6 c/o ElectionMall Technologies City Washington State DC Zip Code 20004-2544 Purpose of Disbursement fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5658 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 18.83 FUNDRAISING FEE |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1290.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. | Full Name (Last, First, Middle Initial) Fundraising by Net LLC Mailing Address 1101 Pennsylvania Ave NW Fl 6 c/o ElectionMall Technologies City Washington State DC Zip Code 20004-2544 Purpose of Disbursement fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5756 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">91.38</td> </tr> </table> FUNDRAISING FEE | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 3 | 0 | | 2 | 0 | 1 | 0 | 91.38 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| 91.38 | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Jivaldi LLC Mailing Address 707 Mount Errigal Pl City Lincoln State CA Zip Code 95648- Purpose of Disbursement website service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5606 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">225.00</td> </tr> </table> WEBSITE SERVICE FEE | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 5 | | 2 | 0 | 1 | 0 | 225.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 0 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| 225.00 | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Jivaldi LLC Mailing Address 707 Mount Errigal Pl City Lincoln State CA Zip Code 95648- Purpose of Disbursement website service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5666 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1537.50</td> </tr> </table> WEBSITE SERVICE FEE | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 0 | 8 | | 2 | 0 | 1 | 0 | 1537.50 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| 1537.50 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <table border="1"> <tr> <td style="text-align: right;">1853.88</td> </tr> </table> | 1853.88 |
| 1853.88 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address 1283 Main Street PO Box 254</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement direct mail and telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5602 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 654.72</p> <p>DIRECT MAIL AND TELEMARKETING</p> |
| <p>B. Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address 1283 Main Street PO Box 254</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement direct mail and telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01007.E5661 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4973.22</p> <p>DIRECT MAIL AND TELEMARKETING</p> |
| <p>C. Full Name (Last, First, Middle Initial) Southwest Direct</p> <p>Mailing Address 2129 Andrea Ln</p> <p>City Fort Myers State FL Zip Code 33912-1903</p> <p>Purpose of Disbursement direct mail services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 00810.E5601 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1301.17</p> <p>DIRECT MAIL SERVICES</p> |

SUBTOTAL of Disbursements This Page (optional) ►

6929.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 59 / 63

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) USPS Mailing Address 1050 Connecticut Ave, NW City Washington State DC Zip Code 20036- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5754 Date of Disbursement 08 / 18 / 2010 Amount of Each Disbursement this Period 176.00 POSTAGE | |
| B. | Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N Astor St City Irvington State NY Zip Code 10533-1522 Purpose of Disbursement political consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5600 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 2000.00 POLITICAL CONSULTING | |
| C. | Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. Mailing Address 16 N Astor St City Irvington State NY Zip Code 10533-1522 Purpose of Disbursement political consulting and expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5599 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 4032.93 POLITICAL CONSULTING AND EXPENSES | |

SUBTOTAL of Disbursements This Page (optional) ▶

6208.93

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement political consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5660 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> POLITICAL CONSULTING |
| B. | Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement political consulting and expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5659 Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 4366.25 <hr/> POLITICAL CONSULTING AND EXPENSES |
| C. | Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement Survey Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5753 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 14600.00 <hr/> SURVEY |

SUBTOTAL of Disbursements This Page (optional) ▶

20966.25

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Capital Campaigns Mailing Address 6016 Corbin Ave City Tarzana State CA Zip Code 91356-1009 Purpose of Disbursement fundraising consultant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 00810.E5598 Date of Disbursement 08 / 05 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/Type FUNDRAISING CONSULTANT FEE |
| | Purpose of Disbursement fundraising consultant fee |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Docs Beach House Restaurant Mailing Address 27908 Hickory Blvd City Bonita Springs State FL Zip Code 34134-8419 Purpose of Disbursement event catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5652 Date of Disbursement 08 / 13 / 2010 |
| | Amount of Each Disbursement this Period 465.00 |
| | Category/Type EVENT CATERING |
| | Purpose of Disbursement event catering |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) F. Edwin Black IV Mailing Address 214 N Blue Ridge Pkwy City Cedar Park State TX Zip Code 78613-3059 Purpose of Disbursement Research Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01007.E5665 Date of Disbursement 09 / 08 / 2010 |
| | Amount of Each Disbursement this Period 846.25 |
| | Category/Type RESEARCH PREPARATION |
| | Purpose of Disbursement Research Preparation |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6311.25 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Janet Bain Company Mailing Address 1333 New Hampshire Ave NW Ste 424 Suite 424 City Washington State DC Zip Code 20036-1532 Purpose of Disbursement fundraising consulting Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 01007.E5664 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 49.80 FUNDRAISING CONSULTING |
| B. | Full Name (Last, First, Middle Initial) Salesforce.com Mailing Address Online Vendor City San Francisco State CA Zip Code 94105- Purpose of Disbursement Database Management Service Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 00810.E5605 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 1490.63 DATABASE MANAGEMENT SERVI-CE |
| C. | Full Name (Last, First, Middle Initial) Wachovia Mailing Address 1100 Connecticut Ave NW City Washington State DC Zip Code 20036-4101 Purpose of Disbursement bank fee Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 01007.E5747 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 73.00 BANK FEE |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1613.43 |
| TOTAL This Period (last page this line number only) | 90562.77 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Sandy Adams for Congress</p> <p>Mailing Address PO Box 1566</p> <p>City Orlando State FL Zip Code 32802-1566</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 01007.E5744</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 01007.E5743</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50000.00"/></p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) The Florida First Initiative Inc</p> <p>Mailing Address 3539 Apalachee Parkway #114</p> <p>City Tallahassee State FL Zip Code 32311-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 01007.E5755</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Category/Type</p> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="56000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="56000.00"/> |