

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
CLERK OF THE SENATE  
JAN 16 1998

03 JAN 16 PM 1:16

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Friends of Connie Mack</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>610 S. Boulevard</b>	
CITY, STATE and ZIP CODE <b>Tampa, FL 33606</b>	STATE/DISTRICT <b>Florida</b>

2. FEC IDENTIFICATION NUMBER <b>C00218230</b>
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/01/97 through 12/31/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	404,729.29	618,214.09
(b) Total Contribution Refunds (from Line 20(d))	11,100.00	19,200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	393,629.29	599,014.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	186,575.86	317,131.87
(b) Total Offsets to Operating Expenditures (from Line 14)	1,008.50	3,102.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	185,567.36	314,029.37
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,529,464.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information  
contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

**Robert I. Watkins**

Signature of Treasurer

Date

**Jan 12, 1998**

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

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**FEC FORM 3**  
(revised 4/87)

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# **DETAILED SUMMARY PAGE**

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full)  
**Friends of Connie Mack**

Report Covering the Period:

From: **7/01/97**

To: **12/31/97**

## **I. RECEIPTS**

### **11. CONTRIBUTIONS (other than loans) FROM:**

#### (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) -----

(ii) Unitemized -----

(iii) Total of contributions from individuals -----

#### (b) Political Party Committees -----

(c) Other Political Committees (such as PACs) -----

(d) The Candidate -----

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

### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----**

### **13. LOANS:**

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

(b) All Other Loans -----

(c) TOTAL LOANS (add 13(a) and (b)) -----

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

### **15. OTHER RECEIPTS (Dividends, Interest, etc.) -----**

### **16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----**

## **II. DISBURSEMENTS**

### **17. OPERATING EXPENDITURES -----**

### **18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----**

### **19. LOAN REPAYMENTS:**

(a) Of Loans Made or Guaranteed by the Candidate -----

(b) Of All Other Loans -----

(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----

### **20. REFUNDS OF CONTRIBUTIONS TO:**

(a) Individuals/Persons Other Than Political Committees -----

(b) Political Party Committees -----

(c) Other Political Committees (such as PACs) -----

(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----

### **21. OTHER DISBURSEMENTS -----**

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

## **III. CASH SUMMARY**

**23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----**

**24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----**

**25. SUBTOTAL (add Line 23 and Line 24) -----**

**26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----**

**27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----**

\$ **1,290,068.78**

\$ **437,671.35**

\$ **1,727,740.13**

\$ **198,275.86**

\$ **1,529,464.27**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 94  
FOR LINE NUMBER 11ai

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

<b>A. Full Name, Mailing Address and ZIP Code</b> J. R. Abernathy 107 Country Club Drive, W. Destin, FL 32541 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> J. R. Abernathy 107 Country Club Drive, W. Destin, FL 32541 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Kevin D. Accola, M.D. 1365 Windsong Road Orlando, FL 32809 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Cardio Surgeons, P.A. <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> John C. Adams P. O. Drawer 70 Daytona Beach, FL 32115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hilb Rogal & Hamilton <b>Occupation</b> insurance agent <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> John C. Adams P. O. Drawer 70 Daytona Beach, FL 32115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hilb Rogal & Hamilton <b>Occupation</b> insurance agent <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> John C. Adams P. O. Drawer 70 Daytona Beach, FL 32115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hilb Rogal & Hamilton <b>Occupation</b> insurance agent <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> John C. Adams P. O. Drawer 70 Daytona Beach, FL 32115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hilb Rogal & Hamilton <b>Occupation</b> insurance agent <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/19/97	<b>Amount of Each Receipt this Period</b> 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98000010401

0802001/401

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER  
**11ai**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>John C. Adams</b> <b>P. O. Drawer 70</b> <b>Daytona Beach, FL 32115</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Hilb Rogal &amp; Hamilton</b> <b>Occupation</b> <b>insurance agent</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b> <b>(250.00)</b> <b>reattributed</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Leila Adams</b> <b>P. O. Drawer 70</b> <b>Daytona Beach, FL 32015</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>homemaker</b> <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b> <b>250.00</b> <b>reattributed</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>John T. Adney</b> <b>12347 Lima Lane</b> <b>Reston, VA 20191</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Davis &amp; Harman</b> <b>Occupation</b> <b>attorney</b> <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> <b>12/09/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Mr. and Mrs. John R. Alexander</b> <b>327 Sunset Road</b> <b>Frostproof, FL 33843</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Ben Hill Griffin, Inc</b> <b>Occupation</b> <b>accountant</b> <b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>	<b>Date (month, day, year)</b> <b>10/20/97</b>	<b>Amount of Each Receipt this Period</b> <b>100.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Mark J. Alkire, M.D.</b> <b>1112 Riverside Drive</b> <b>Palmetto, FL 34221</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>self-employed</b> <b>Occupation</b> <b>physician</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>11/04/97</b>	<b>Amount of Each Receipt this Period</b> <b>1,000.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Jim Anders</b> <b>P. O. Box 2300</b> <b>Seagrove Beach, FL 32459</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>information requested</b> <b>Occupation</b> <b>information requested</b> <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> <b>11/05/97</b>	<b>Amount of Each Receipt this Period</b> <b>250.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Arthur I. Appleton</b> <b>22 Indian Creek Island</b> <b>Miami Beach, FL 33154</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> <b>8/04/97</b>	<b>Amount of Each Receipt this Period</b> <b>250.00</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

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Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 7/29/97	<b>Amount of Each Receipt this Period</b> 400.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 7/29/97	<b>Amount of Each Receipt this Period</b> 600.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Receipt this Period</b> (200.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Receipt this Period</b> 200.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 600.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 11/21/97	<b>Amount of Each Receipt this Period</b> (600.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert R. Aronson 4747 N. Ocean Blvd., #315 Ft. Lauderdale, FL 33308 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ross Mfg. Corp. <b>Occupation</b> chairman & ceo <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 11/21/97	<b>Amount of Each Receipt this Period</b> 600.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98000010403

98002001/403

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert A. Assaf 1619 Atlantic University Circle Jacksonville, FL 32207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Liberty Ambulance Svc <b>Occupation</b> owner Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 7/17/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Carol Atkinson P. O. Box 2462 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Carol's Innocent Age <b>Occupation</b> owner Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Alfred S. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> The Austin Companies <b>Occupation</b> developer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> R. Huston Babcock, M.D. 2299 9th Avenue, N., #3D St. Petersburg, FL 33713 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician Aggregate Year-to-Date > \$ 1,300.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 800.00
<b>F. Full Name, Mailing Address and ZIP Code</b> R. Huston Babcock, M.D. 2299 9th Avenue, N., #3D St. Petersburg, FL 33713 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician Aggregate Year-to-Date > \$ 1,300.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> (800.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> R. Huston Babcock, M.D. 2299 9th Avenue, N., #3D St. Petersburg, FL 33713 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician Aggregate Year-to-Date > \$ 1,300.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> 800.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

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Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11ai

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard R. Baker P. O. Box 12358 Pensacola, FL 32582 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> real estate <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> James T. Barnes, Jr. 7 Isle of Sicily Winter Park, FL 32789 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Osceola Financial <b>Occupation</b> banker <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 8/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Carol Jenkins Barnett 5815 Live Oak Road Lakeland, FL 33813 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Carol Jenkins Barnett 5815 Live Oak Road Lakeland, FL 33813 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Hoyt R. Barnett 5815 Live Oak Road Lakeland, FL 33813 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Publix <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Hoyt R. Barnett 5815 Live Oak Road Lakeland, FL 33813 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Publix <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Michael A. Barody 14210 Coral Manor Drive Largo, FL 33774 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Southern Mgmt. Svcs. <b>Occupation</b> health care <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/14/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98000010405

00000001/405

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Mercy Bathey 4000 Gordon Drive Naples, FL 34102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/30/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Beall's <b>Occupation</b> retailer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Beall's <b>Occupation</b> retailer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Joseph L. Bean 139 Ponte Vedra Blvd., Box 1275 Ponte Vedra Beach, FL 32082 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Richard A. Beard, III 4417 Bayshore Blvd. Tampa, FL 33611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> R. A. Beard Co. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Richard A. Beard, III 4417 Bayshore Blvd. Tampa, FL 33611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> R. A. Beard Co. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Richard A. Beard, III 4417 Bayshore Blvd. Tampa, FL 33611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> R. A. Beard Co. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/406

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> R. William Becker P. O. Box 12190 Ft. Pierce, FL 34979 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Becker Trading Co. <b>Occupation</b> citrus <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> R. William Becker P. O. Box 12190 Ft. Pierce, FL 34979 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Becker Trading Co. <b>Occupation</b> citrus <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> R. William Becker P. O. Box 12190 Ft. Pierce, FL 34979 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Becker Trading Co. <b>Occupation</b> citrus <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Anne N. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Visitech <b>Occupation</b> manager <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 8/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Visitec Co. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 8/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Allan G. Bense P. O. Box 2462 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Panhandle Consultants <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Allan G. Bense P. O. Box 2462 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Panhandle Consultants <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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9802001/407

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Allan G. Bense P. O. Box 2462 Panama City, FL 32402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Panhandle Consultants <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Wayne L. Berman 1800 K Street, N.W., Suite 1124 Washington, D.C. 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Berman Enterprises <b>Occupation</b> consultant <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Luis N. Bessone, M.D. 2814 W. Virginia Avenue Tampa, FL 33607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Rupello-Bissone-Hiro <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Cyrus G. Bispham, Sr. 7000 Ibis Street Sarasota, FL 34241 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> development <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Virginia M. Bonness 1555 Ixora Drive Naples, FL 34102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Virginia M. Bonness 1555 Ixora Drive Naples, FL 34102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Virginia M. Bonness 1555 Ixora Drive Naples, FL 34102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/400

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Guy Bostick P. O. Box 67 Auburndale, FL 33823  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 7/21/97	Amount of Each Receipt this Period 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Guy Bostick P. O. Box 67 Auburndale, FL 33823  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 8/14/97	Amount of Each Receipt this Period (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Guy Bostick P. O. Box 67 Auburndale, FL 33823  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 8/14/97	Amount of Each Receipt this Period 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) 8/08/97	Amount of Each Receipt this Period 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) 10/08/97	Amount of Each Receipt this Period 100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) 10/24/97	Amount of Each Receipt this Period 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) 11/15/97	Amount of Each Receipt this Period (200.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/409

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) 11/15/97	Amount of Each Receipt this Period 200.00 redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> John W. Boyle 7 N. Pine Circle Belleair, FL 34616  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 9/25/97	Amount of Each Receipt this Period 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> John W. Boyle 7 N. Pine Circle Belleair, FL 34616  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/16/97	Amount of Each Receipt this Period (100.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> John W. Boyle 7 N. Pine Circle Belleair, FL 34616  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/16/97	Amount of Each Receipt this Period 100.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Norman Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Braman Mgmt. Assoc. Occupation auto dealer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/27/97	Amount of Each Receipt this Period 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Norman Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Braman Mgmt. Assoc. Occupation auto dealer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/20/97	Amount of Each Receipt this Period (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Norman Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Braman Mgmt. Assoc. Occupation auto dealer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/20/97	Amount of Each Receipt this Period 500.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Norman Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Braman Mgmt. Assoc. <b>Occupation</b> auto dealer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/15/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>B. Full Name, Mailing Address and ZIP Code</b> Irma Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> NONE <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/15/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> W. E. Bright 1901 Bay Road, #303 Vero Beach, FL 32963 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> John C. Brock, M.D. 3023 Fair Oaks Avenue Tampa, FL 33611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pupello, Bessone <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> John C. Brock, M.D. 3023 Fair Oaks Avenue Tampa, FL 33611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pupello, Bessone <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> John C. Brock, M.D. 3023 Fair Oaks Avenue Tampa, FL 33611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pupello, Bessone <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Michael D. Bromberg 2101 Connecticut Avenue, #35 Washington, D.C. 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Deborah Stealman <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 9/12/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary W. Brueck 25 Falconwood Ft. Myers, FL 33919 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> writer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> John J. Brunetti 54 Bay Bay Drive Bal Harbour, FL 33154 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Brunetti Const. Co. <b>Occupation</b> builder <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/26/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Alicia A. Bryan 1847 Bayou Grande Blvd., N.E. St. Petersburg, FL 33703 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Premier Inv. Mgmt. <b>Occupation</b> portfolio manager <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 6/27/97 7/13/97	<b>Amount of Each Receipt this Period</b> memo 250.00 (250.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Alicia A. Bryan 1847 Bayou Grande Blvd., N.E. St. Petersburg, FL 33703 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Premier Inv. Mgmt. <b>Occupation</b> portfolio manager <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 7/13/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> John W. Bryan 1847 Bayou Grande Blvd., N.E. St. Petersburg, FL 33703 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bryan Homes <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 6/27/97 7/14/97	<b>Amount of Each Receipt this Period</b> memo 250.00 (250.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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9800010412

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Bryan 1847 Bayou Grande Blvd., N.E. St. Petersburg, FL 33703	Bryan Homes Occupation: <u>developer</u>	7/14/97	250.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hardy W. Bryan, III 766 35th Avenue, N. St. Petersburg, FL 33704	Northside Realty Occupation: <u>realtor</u>	10/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hardy W. Bryan, III 766 35th Avenue, N. St. Petersburg, FL 33704	Northside Realty Occupation: <u>realtor</u>	11/17/97	(500.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hardy W. Bryan, III 766 35th Avenue, N. St. Petersburg, FL 33704	Northside Realty Occupation: <u>realtor</u>	11/17/97	500.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Burke 17070 Ranho Street Encino, CA 91316	self-employed Occupation: <u>film maker</u>	11/04/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Hawthorne Burnett P. O. Box 350854 Palm Grove, FL 32135	n/a Occupation: <u>homemaker</u>	12/12/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley L. Burnham 11212 Front Beach Road Panama City Beach, FL 32407	self-employed Occupation: <u>real estate</u>	11/04/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) .....

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

98002001/413

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> homemaker  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> homemaker  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> homemaker  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/02/97	<b>Amount of Each Receipt this Period</b> (50.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> homemaker  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/02/97	<b>Amount of Each Receipt this Period</b> 50.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> John P. Byrnes 510 Old Oak Circle Palm Harbor, FL 34683  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Lincare Holdings  <b>Occupation</b> chief exec. officer  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> C.C. Limited Partnership 4229 Highway 90 Pace, FL 32571  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> partnership  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Edwin A. Henry 5020 San Pedro Court Milton, FL 32583  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes  <b>Occupation</b> general contractor  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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1998001/414

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Susan A. Henry 5020 San Pedro Court Milton, FL 32583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes <b>Occupation</b> bookkeeper Aggregate Year-to-Date > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert Cade 529 N.W. 58th Street Gainesville, FL 32607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> developer Aggregate Year-to-Date > \$ 0.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert Cade 529 N.W. 58th Street Gainesville, FL 32607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> developer Aggregate Year-to-Date > \$ 0.00	<b>Date (month, day, year)</b> 10/28/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> William L. Carter 634 Wildwood Lane Naples, FL 34105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 300.00	<b>Date (month, day, year)</b> 7/24/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Warren M. Cason P. O. Box 1288 Tampa, FL 33601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Holland & Knight <b>Occupation</b> attorney Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/28/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Sidney Charles P. O. Box 695549 Miami, FL 33269 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Allstate Insurance <b>Occupation</b> insurance Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Sidney Charles P. O. Box 695549 Miami, FL 33269 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Allstate Insurance <b>Occupation</b> insurance Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Sidney Charles P. O. Box 695549 Miami, FL 33269	<b>Name of Employer</b> Allstate Insurance <b>Occupation</b> insurance	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Margaret Christopher 3932 Riverview Blvd. Bradenton, FL 34209	<b>Name of Employer</b> self-employed <b>Occupation</b> interior design	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> David R. Clare 972 Lake House Drive North Palm Beach, FL 33408	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 7/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> John M. Clarke, M.D. 7171 9th Street, S. St. Petersburg, FL 33705	<b>Name of Employer</b> John M. Clarke, MD PA <b>Occupation</b> physician	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 630.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Jack F. Clatting 105 Red Bay Drive Longwood, FL 32779	<b>Name of Employer</b> Glatting Jackson etal <b>Occupation</b> community planning	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Guemsey C. Cline 2950 Polo Drive Gulfstream, FL 33483	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 8/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Stephen V. Coffman P. O. Box 298 Clewiston, FL 33440	<b>Name of Employer</b> U.S. Sugar Corp. <b>Occupation</b> asst. secretary	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/416

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Hal D. Condrey P. O. Box 8396 Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Comm Iron & Metals Co <b>Occupation</b> scrap metal recycling Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 9/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Hal D. Condrey P. O. Box 8396 Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Comm Iron & Metals Co <b>Occupation</b> scrap metal recycling Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary Jean Condrey P. O. Box 8396 Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Joe B. Cox 3001 N. Tamiami Trail, 4th Floor Naples, FL 34103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Cummings and Lockwood <b>Occupation</b> attorney Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> William C. Cramer, Jr. P. O. Box 490 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thomas Chevrolet <b>Occupation</b> general manager Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Jeff Crawford, Jr. 4657 Highway 71 Greenwood, FL 32443 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> farming Aggregate Year-to-Date > \$ 300.00	<b>Date (month, day, year)</b> 7/22/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Jayne S. Crews 900 Campbell Avenue Lake Wales, FL 33853 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> artist Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 7/25/97	<b>Amount of Each Receipt this Period</b> 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Jack B. Critchfield P. O. Box 33042 St. Petersburg, FL 33733 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Florida Progress Corp <b>Occupation</b> chairman Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 9/19/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Earl M. Crittenden 1023 Pinar Drive Orlando, FL 32825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Crittenden Fruit Co. <b>Occupation</b> citrus grower Aggregate Year-to-Date > \$ 1,500.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> L. E. Crittenden 3976 Cordova Avenue Jacksonville, FL 32207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 1,450.00	<b>Date (month, day, year)</b> 9/18/97	<b>Amount of Each Receipt this Period</b> 950.00
<b>D. Full Name, Mailing Address and ZIP Code</b> James D. Cronley 3840 Hopkins Street Pensacola, FL 32505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Terharr-Cronley <b>Occupation</b> construction Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> James D. Cronley 3840 Hopkins Street Pensacola, FL 32505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Terharr-Cronley <b>Occupation</b> construction Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 12/28/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> James D. Cronley 3840 Hopkins Street Pensacola, FL 32505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Terharr-Cronley <b>Occupation</b> construction Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 12/28/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Kenneth Curtis 3785 Ft. Denaud Road La Belle, FL 33935 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> HC Financial Corp. <b>Occupation</b> president Aggregate Year-to-Date > \$ 400.00	<b>Date (month, day, year)</b> 7/24/97	<b>Amount of Each Receipt this Period</b> 100.00

SUBTOTAL of Receipts This Page (optional) .....

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

3802001/418



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Curtis 3785 Ft. Denaud Road La Belle, FL 33935	HC Financial Corp.	10/14/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Cusack 501 E. Kennedy Blvd., Suite 1200 Tampa, FL 33602	self-employed	11/04/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Cusack 501 E. Kennedy Blvd., Suite 1200 Tampa, FL 33602	self-employed	11/04/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George G. Daniels P. O. Box 590007 Orlando, FL 32859	Daniels Mfg. Corp.	10/14/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Davis 1455 Pennsylvania Ave., N.W., #1200 Washington, D.C. 20004	Davis and Harman	12/09/97	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 1,400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Davis 1455 Pennsylvania Ave., N.W., #1200 Washington, D.C. 20004	Davis and Harman	12/29/97	(1,000.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 1,400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Davis 1455 Pennsylvania Ave., N.W., #1200 Washington, D.C. 20004	Davis and Harman	12/29/97	1,000.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 1,400.00	

SUBTOTAL of Receipts This Page (optional) .....

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

9802001/419

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Thomas A. Davis 1455 Pennsylvania Ave., N.W., #1200 Washington, D.C. 20004  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Davis and Harman  <b>Occupation</b> attorney  <b>Aggregate Year-to-Date</b> > \$ 1,400.00	<b>Date (month, day, year)</b> 12/30/97	<b>Amount of Each Receipt this Period</b>  (100.00) reattributed
<b>B. Full Name, Mailing Address and ZIP Code</b> June Davis 1455 Pennsylvania Ave., N.W., #1200 Washington, D.C. 20004  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 12/30/97	<b>Amount of Each Receipt this Period</b>  100.00 reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> William A. Davis P. O. Drawer 550 Ft. Walton Beach, FL 32549  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> real estate  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b>  200.00
<b>D. Full Name, Mailing Address and ZIP Code</b> William A. Davis P. O. Drawer 550 Ft. Walton Beach, FL 32549  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> real estate  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b>  (100.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> William A. Davis P. O. Drawer 550 Ft. Walton Beach, FL 32549  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> real estate  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b>  100.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> C. E. Dekko 7261 Tildon Lane Naples, FL 34108  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Dri-Dek Corp.  <b>Occupation</b> executive  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b>  1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Frederick M. Derr P. O. Box 2719 Sarasota, FL 34230  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Frederick Deer & Co.  <b>Occupation</b> contractor  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b>  500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

93020001/420

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Akshay Desai 8498 Tallahassee Drive, N.E. St. Petersburg, FL 33702 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Amer. Family & Ger. <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 900.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 750.00
<b>C. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 8/10/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 8/10/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> insurance executive <b>Aggregate Year-to-Date</b> > \$ 1,250.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98020001/421

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Jorge A. Dominicus</b> <b>274 Barcelona Road</b> <b>West Palm Beach, FL 33401</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Flo-Sun, Inc.</b> <b>Occupation</b> <b>vice-president</b> <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> <b>10/31/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>J. R. Donnell</b> <b>300 Parc Monceau</b> <b>Palm Beach, FL 33480</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Date (month, day, year)</b> <b>11/05/97</b>	<b>Amount of Each Receipt this Period</b> <b>400.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>J. R. Donnell</b> <b>300 Parc Monceau</b> <b>Palm Beach, FL 33480</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Date (month, day, year)</b> <b>12/26/97</b>	<b>Amount of Each Receipt this Period</b> <b>(400.00)</b> <b>redesignated</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>J. R. Donnell</b> <b>300 Parc Monceau</b> <b>Palm Beach, FL 33480</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Date (month, day, year)</b> <b>12/26/97</b>	<b>Amount of Each Receipt this Period</b> <b>400.00</b> <b>redesignated</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Alix F. Dorr</b> <b>644 Hudson Avenue</b> <b>Tampa, FL 33606</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Thompson &amp; Co.</b> <b>Occupation</b> <b>dir. of merchandising</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>10/29/97</b>	<b>Amount of Each Receipt this Period</b> <b>1,000.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Dallas W. Dort</b> <b>3466 Gulf Mead Drive</b> <b>Sarasota, FL 34242</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>400.00</b>	<b>Date (month, day, year)</b> <b>10/03/97</b>	<b>Amount of Each Receipt this Period</b> <b>100.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Ronnie E. Duncan</b> <b>6522 Via Regina</b> <b>Boca Raton, FL 33433</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Sevell &amp; Duncan</b> <b>Occupation</b> <b>real estate</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>10/24/97</b>	<b>Amount of Each Receipt this Period</b> <b>1,000.00</b>

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**TOTAL** This Period (last page this line number only) .....

9800010422

98002001/422

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Ronnie E. Duncan 6522 Via Regina Boca Raton, FL 33433  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sevell & Duncan Occupation real estate Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/07/97	Amount of Each Receipt this Period (500.00) redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Ronnie E. Duncan 6522 Via Regina Boca Raton, FL 33433  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sevell & Duncan Occupation real estate Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/07/97	Amount of Each Receipt this Period 500.00 redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary M. Dunlap P. O. Box 430 La Belle, FL 33975  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/09/97	Amount of Each Receipt this Period 100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Mary M. Dunlap P. O. Box 430 La Belle, FL 33975  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 11/14/97	Amount of Each Receipt this Period (100.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Mary M. Dunlap P. O. Box 430 La Belle, FL 33975  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 11/14/97	Amount of Each Receipt this Period 100.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Tully F. Dunlap P. O. Box 430 La Belle, FL 33975  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/09/97	Amount of Each Receipt this Period 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Tully F. Dunlap P. O. Box 430 La Belle, FL 33975  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 11/14/97	Amount of Each Receipt this Period (100.00) redesignated

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Tully F. Dunlap P. O. Box 430 La Belle, FL 33975	<b>Name of Employer</b> n/a	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 100.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> retired	<b>Aggregate Year-to-Date</b> > \$ 600.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> K. Earl Durden 1804 Weakfish Drive Panama City Beach, FL 32411	<b>Name of Employer</b> Durden Leasing, Inc.	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> executive	<b>Aggregate Year-to-Date</b> > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> E. Llywd Ecclestone, III P. O. Box 3267 West Palm Beach, FL 33402	<b>Name of Employer</b> Ecclestone Sig. Homes	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> real estate	<b>Aggregate Year-to-Date</b> > \$ 600.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 7/17/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> property management	<b>Aggregate Year-to-Date</b> > \$ 600.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> (100.00) redesignated
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> property management	<b>Aggregate Year-to-Date</b> > \$ 600.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> 100.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> property management	<b>Aggregate Year-to-Date</b> > \$ 600.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> W. E. Elliott, Jr. P. O. Box 2828 Pikeville, KY 41501	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 8/18/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> oil & gas producer	<b>Aggregate Year-to-Date</b> > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

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98002001/424

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Gregory C. Elwell 1645 Barber Road Sarasota, FL 34240 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> McIntyre Doherty <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Gregory C. Elwell 1645 Barber Road Sarasota, FL 34240 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> McIntyre Doherty <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Meryl F. Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 900.00	<b>Date (month, day, year)</b> 9/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Meryl F. Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 900.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> (400.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Meryl F. Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 900.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 400.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Meryl F. Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 900.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 200.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Com-Land Group, Inc. <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 500.00

SUBTOTAL of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11ai

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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Com-Land Group, Inc. <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Com-Land Group, Inc. <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fairbanks Comm., Inc. <b>Occupation</b> broadcasting <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fairbanks Comm., Inc. <b>Occupation</b> broadcasting <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> (300.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fairbanks Comm., Inc. <b>Occupation</b> broadcasting <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 300.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Dr. Frank S. Farkas 1721 Brightwaters Blvd., N.E. St. Petersburg, FL 33704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Wellcare Health Cntr. <b>Occupation</b> chiropractor <b>Aggregate Year-to-Date</b> > \$ 1,450.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Dr. Frank S. Farkas 1721 Brightwaters Blvd., N.E. St. Petersburg, FL 33704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Wellcare Health Cntr. <b>Occupation</b> chiropractor <b>Aggregate Year-to-Date</b> > \$ 1,450.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated

SUBTOTAL of Receipts This Page (optional) .....

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

38002001/426



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Dr. Frank S. Farkas 1721 Brightwaters Blvd., N.E. St. Petersburg, FL 33704 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Wellcare Health Cntr. <b>Occupation</b> chiropractor <b>Aggregate Year-to-Date</b> > \$ 1,450.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Dr. Frank S. Farkas 1721 Brightwaters Blvd., N.E. St. Petersburg, FL 33704 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Wellcare Health Cntr. <b>Occupation</b> chiropractor <b>Aggregate Year-to-Date</b> > \$ 1,450.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (550.00) reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> Toni Farkas 1721 Brightwaters Blvd., N.E. St. Petersburg, FL 33704 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Wellcare Health Cntr. <b>Occupation</b> bookkeeper <b>Aggregate Year-to-Date</b> > \$ 550.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 550.00 reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Peggy Hines Farmer Five N. Ravenfield Lane Ormond Beach, FL 32174 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Aubrey J. Ferrao 4001 Tamiami Trail, N., #350 Naples, FL 34103 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Gulf Bay Group <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Aubrey J. Ferrao 4001 Tamiami Trail, N., #350 Naples, FL 34103 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Gulf Bay Group <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 12/10/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Aubrey J. Ferrao 4001 Tamiami Trail, N., #350 Naples, FL 34103 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Gulf Bay Group <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 12/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated

SUBTOTAL of Receipts This Page (optional) .....

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

98020001/427

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

## A. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.  
410 North Ride  
Tallahassee, FL 32303Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Figg Engineering

Occupation  
engineerDate (month,  
day, year)

10/27/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

## B. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.  
410 North Ride  
Tallahassee, FL 32303Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Figg Engineering

Occupation  
engineerDate (month,  
day, year)

11/15/97

Amount of Each  
Receipt this Period(500.00)  
reattributed

Aggregate Year-to-Date &gt; \$ 500.00

## C. Full Name, Mailing Address and ZIP Code

Ann Ruth Figg  
410 North Ride  
Tallahassee, FL 32303Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Magnolia Management

Occupation  
consultantDate (month,  
day, year)

11/15/97

Amount of Each  
Receipt this Period500.00  
reattributed

Aggregate Year-to-Date &gt; \$ 500.00

## D. Full Name, Mailing Address and ZIP Code

Jerome S. Fletcher  
P. O. Box 1219  
Ponte Vedra Beach, FL 32082Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Fletcher Land Corp.

Occupation  
real estateDate (month,  
day, year)

10/27/97

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

## E. Full Name, Mailing Address and ZIP Code

Jerome S. Fletcher  
P. O. Box 1219  
Ponte Vedra Beach, FL 32082Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Fletcher Land Corp.

Occupation  
real estateDate (month,  
day, year)

11/28/97

Amount of Each  
Receipt this Period(1,000.00)  
redesignated

Aggregate Year-to-Date &gt; \$ 1,000.00

## F. Full Name, Mailing Address and ZIP Code

Jerome S. Fletcher  
P. O. Box 1219  
Ponte Vedra Beach, FL 32082Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

## Name of Employer

Fletcher Land Corp.

Occupation  
real estateDate (month,  
day, year)

11/28/97

Amount of Each  
Receipt this Period1,000.00  
redesignated

Aggregate Year-to-Date &gt; \$ 1,000.00

## G. Full Name, Mailing Address and ZIP Code

Maria G. Ford  
2970 St. Johns Avenue, 3-G  
Jacksonville, FL 32205Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

n/a

Occupation  
noneDate (month,  
day, year)

7/16/97

Amount of Each  
Receipt this Period

600.00

Aggregate Year-to-Date &gt; \$ 600.00

SUBTOTAL of Receipts This Page (optional) .....

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88002001/428

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Maria G. Ford 2970 St. Johns Avenue, 3-G Jacksonville, FL 32205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Maria G. Ford 2970 St. Johns Avenue, 3-G Jacksonville, FL 32205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> H. Leroy Francis P. O. Box 161225 Altamonte Springs, FL 32716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Cardio Surgeons, P.A. <b>Occupation</b> administrator <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Charles A. Franzblau 5014 Shore Crest Circle Tampa, FL 33609 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thompson & Co. <b>Occupation</b> dir. of marketing <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Jo Franzblau 1102 N. Culbreath Isles Drive Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thompson Co. of Tampa <b>Occupation</b> buyer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Louis Frey 139 Genius Drive Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Lownes et al <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Theodore S. Fries 5465 N.E. First Lane Ocala, FL 34471 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Emergency One, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/25/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98030010429

98030010429

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John W. Frost, II P. O. Box 2188 Bartow, FL 33830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Frost & O'Toole <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Paul G. Gabos 5667 Wellington Drive Palm Harbor, FL 34685 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Lincare Holdings <b>Occupation</b> chief fin. officer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Rosemary Galbraith One Beach Drive, S.E., #1802 St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert H. Gaynor 14421 Old Hickory Blvd. Ft. Myers, FL 33912 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> consultant <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert W. Genzman 1851 Wind Harbor Road Orlando, FL 32809 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Akerman, Senterfitt <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert W. Genzman 1851 Wind Harbor Road Orlando, FL 32809 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Akerman, Senterfitt <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> (300.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert W. Genzman 1851 Wind Harbor Road Orlando, FL 32809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Akerman, Senterfitt <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> 300.00 redesignated

SUBTOTAL of Receipts This Page (optional) .....

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9802001/430

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John F. Geraci 3101 Buttercup Street Seffner, FL 33584 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Tampa College <b>Occupation</b> teacher <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/14/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> R. Corbin Glos 3310 Lykes Avenue Tampa, FL 33611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,400.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 400.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Theodore E. Gordon 969 Beachland Blvd. Vero Beach, FL 32963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 8/29/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Thomas Gosnell 774 Lake Road Webster, NY 14580 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Jerry Grace P. O. Box 863 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> information requested <b>Occupation</b> information requested <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Thomas R. Grady P. O. Box 10909 Naples, FL 34101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Grady & Assoc. <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Thomas R. Grady P. O. Box 10909 Naples, FL 34101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Grady & Assoc. <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/431

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Ann G. Grady P. O. Box 10909 Naples, FL 34101  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> personal trainer  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>B. Full Name, Mailing Address and ZIP Code</b> Charles L. Grannon 248 Key Palm Road Boca Raton, FL 33432  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Amy Austin Guagliardo 811 Woodlyn Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hillsborough County  <b>Occupation</b> teacher  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> H.L.O.T. Partnership 4229 Highway 90 Pace, FL 32571  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> partnership  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Edwin A. Henry 5020 San Pedro Court Milton, FL 32583  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes  <b>Occupation</b> general contractor  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo
<b>F. Full Name, Mailing Address and ZIP Code</b> Susan A. Henry 5020 San Pedro Court Milton, FL 32583  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes  <b>Occupation</b> bookkeeper  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo
<b>G. Full Name, Mailing Address and ZIP Code</b> J. P. Hall, Jr. P. O. Box 395 Green Cove Springs, FL 32043  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> 1st Union Bank  <b>Occupation</b> chm. of adv. council  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

2300010432

6902001/432

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> John M. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> John Hamilton, MD PA <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 7/14/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> John M. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> John Hamilton, MD PA <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> John M. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> John Hamilton, MD PA <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Imy N. Hamilton 424 Beach Drive, N.E. St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed
<b>E. Full Name, Mailing Address and ZIP Code</b> Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hansberger Global Inv <b>Occupation</b> investment counselor <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hansberger Global Inv <b>Occupation</b> investment counselor <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 11/21/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Beverley G. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 11/21/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98002001/433

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Joseph E. Harris 1094 McKean Circle Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ivey, Harris & Walls <b>Occupation</b> engineer Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Doris C. Harvey 1114 Culbreath Isles Drive Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> agriculture Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Germaine B. Haserot 1620 Mayflower Court, Apt. B615 Winter Park, FL 32792 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 700.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 450.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Germaine B. Haserot 1620 Mayflower Court, Apt. B615 Winter Park, FL 32792 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 700.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Germaine B. Haserot 1620 Mayflower Court, Apt. B615 Winter Park, FL 32792 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 700.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (50.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Germaine B. Haserot 1620 Mayflower Court, Apt. B615 Winter Park, FL 32792 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired Aggregate Year-to-Date > \$ 700.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 50.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none Aggregate Year-to-Date > \$ 650.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 11/16/97	<b>Amount of Each Receipt this Period</b> (350.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 11/16/97	<b>Amount of Each Receipt this Period</b> 350.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Frances Pew Hayes 13189 Valewood Drive Naples, FL 34119 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Allen S. Henry 218 Fourth Avenue Melbourne Beach, FL 32951 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Harris Corp. <b>Occupation</b> div. president <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 7/25/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> William D. Herbert 4523 Brookwood Drive Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 9/25/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Oscar R. Hernandez 212 Sudbury Drive Atlantis, FL 33462 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Flo-Sun, Inc. <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> George F. Hickey P. O. Box 10765 Tampa, FL 33679  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bond Auto Sales  <b>Occupation</b> manager  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> George F. Hickey P. O. Box 10765 Tampa, FL 33679  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bond Auto Sales  <b>Occupation</b> manager  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> George F. Hickey P. O. Box 10765 Tampa, FL 33679  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bond Auto Sales  <b>Occupation</b> manager  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> George F. Hickey P. O. Box 10765 Tampa, FL 33679  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bond Auto Sales  <b>Occupation</b> manager  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Elija M. Hicks, Jr. 4777 Ringwood Meadow Sarasota, FL 34235  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 9/03/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Benjamin H. Hill, III 1909 Brookline Street Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hill Ward & Henderson  <b>Occupation</b> attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Lewis H. Hill, III P. O. Box 3391 Tampa, FL 33601  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Foley & Lardner  <b>Occupation</b> attorney  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Joe Marlin Hilliard Route 2, Box 175 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hilliard Bros Groves <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> L. Charles Hilton, Jr. P. O. Box 2462 Panama City, FL 32401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> entrepreneur <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> L. Charles Hilton, Jr. P. O. Box 2462 Panama City, FL 32401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> entrepreneur <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> E. W. Hinson, Jr. Box 1169 Quincy, FL 32351 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> oil distributor <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 8/14/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Theodore J. Hoepner 2047 Forest Club Drive Orlando, FL 32804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Sun Bank <b>Occupation</b> chairman <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/09/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Theodore J. Hoepner 2047 Forest Club Drive Orlando, FL 32804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Sun Bank <b>Occupation</b> chairman <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/08/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

7 3 0 0 1 0 4 3 7

9802001/437

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Barbara J. Hoepner 2047 Forest Club Drive Orlando, FL 32804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/08/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>B. Full Name, Mailing Address and ZIP Code</b> William D. Hoffman P. O. Box 824 Coconut Grove, FL 33233 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hoffman & Hoffman <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/16/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> William D. Hoffman P. O. Box 824 Coconut Grove, FL 33233 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hoffman & Hoffman <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 8/23/97	<b>Amount of Each Receipt this Period</b> (25.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> William D. Hoffman P. O. Box 824 Coconut Grove, FL 33233 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hoffman & Hoffman <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 8/23/97	<b>Amount of Each Receipt this Period</b> 25.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> David G. Holder 1035 Palmetto Street Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> U. S. Sugar Corp. <b>Occupation</b> geneticist <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> John H. Holloway 16229 E Lullwater Drive Panama City Beach, FL 32413 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> information requested <b>Occupation</b> information requested <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Caswell F. Holloway, Jr. 18465 S.E. Village Circle Jupiter, FL 33469 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> H.H.C. Corp. <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard Hopkins 1650 Pine Tree Lane, Apt. 104 Sarasota, FL 34236  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fla. Studio Theatre  <b>Occupation</b> stage director  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 8/08/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> W. H. Hopkins P. O. Box 958 Marianna, FL 32447  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hopkins Pontiac  <b>Occupation</b> car dealer  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/22/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> William T. Hornaday 26770 Stardust Drive, S.E. Bonita Springs, FL 34135  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> William T. Hornaday 26770 Stardust Drive, S.E. Bonita Springs, FL 34135  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Wm. R. Hough & Co.  <b>Occupation</b> community relations  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 750.00
<b>F. Full Name, Mailing Address and ZIP Code</b> William R. Hough 1 Beach Drive, S.E., Apt. 1002 St. Petersburg, FL 33701  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Wm. R. Hough & Co.  <b>Occupation</b> investment broker  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 750.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Mary Frances Howard 1240 Shadow Lane Ft. Myers, FL 33901  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> housewife  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 7/02/97	<b>Amount of Each Receipt this Period</b> 100.00

SUBTOTAL of Receipts This Page (optional) .....

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Mary Frances Howard 1240 Shadow Lane Ft. Myers, FL 33901  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 50.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Bruce Hudson, M.D. 8107 DeSoto Memorial Highway Bradenton, FL 34209  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bruce Hudson, MD, PA Occupation physician Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 9/04/97	Amount of Each Receipt this Period 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Page Hufty 330 Island Road Palm Beach, FL 33480  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation investments Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/09/97	Amount of Each Receipt this Period 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> H. Wayne Huizenga, Jr. 1527 S.E. 11th Street Ft. Lauderdale, FL 33310  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Republic Industries Occupation vice-president Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/06/97	Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> J. Bob Humphries P. O. Box 1822 Tampa, FL 33601  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fowler, White Occupation attorney Aggregate Year-to-Date > \$ 633.34	Date (month, day, year) 7/18/97	Amount of Each Receipt this Period 300.01
<b>F. Full Name, Mailing Address and ZIP Code</b> J. Bob Humphries P. O. Box 1822 Tampa, FL 33601  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fowler, White Occupation attorney Aggregate Year-to-Date > \$ 633.34	Date (month, day, year) 8/13/97	Amount of Each Receipt this Period (300.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> J. Bob Humphries P. O. Box 1822 Tampa, FL 33601  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fowler, White Occupation attorney Aggregate Year-to-Date > \$ 633.34	Date (month, day, year) 8/13/97	Amount of Each Receipt this Period 300.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/4400

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Dorothy H. Hunt 8209 Bardmoor Place, #101 Seminole, FL 33777  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 10/03/97	<b>Amount of Each Receipt this Period</b> 200.00
<b>B. Full Name, Mailing Address and ZIP Code</b> William A. Hunt P. O. Box 6068 Pensacola, FL 32503  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Gulf-Atlantic Corp.  <b>Occupation</b> contractor  <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 1,500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Constance D. Hunter 4329 S. Atlantic Avenue Ponce Inlet, FL 32127  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Constance D. Hunter 4329 S. Atlantic Avenue Ponce Inlet, FL 32127  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> W. F. Hurlburt, Jr. P. O. Box 2070 Islamorada, FL 33036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 700.00	<b>Date (month, day, year)</b> 7/31/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Janice C. Hutchinson 12825 Coco Plum Lane Naples, FL 34119  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>G. Full Name, Mailing Address and ZIP Code</b> H. J. Hvide 2200 Eller Drive Ft. Lauderdale, FL 33316  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Eller & Company  <b>Occupation</b> chairman  <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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9902001/441

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Carolyn P. Ireland P. O. Box 70 Lynn Haven, FL 32444  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/05/97	Amount of Each Receipt this Period 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Edward G. Izzo, Jr., M.D. 11332 Bloomington Drive Tampa, FL 33635  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pupello, Bessone Occupation physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/04/97	Amount of Each Receipt this Period 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/28/97	Amount of Each Receipt this Period 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period (500.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period 500.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period (500.00) reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Elizabeth P. Jamieson 2530 Sunset Drive Tampa, FL 33629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Colliers-Arnold Mgmt. Occupation real estate asset mgr Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period 500.00 reattributed

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Paul Janssens 840 S. Collier Blvd., Apt. 170 Marco Island, FL 34145  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Soft-Art, Inc.</b>  Occupation <b>president</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) <b>12/03/97</b>	Amount of Each Receipt this Period <b>1,000.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> Howard M. Jenkins 531 Lone Palm Drive Lakeland, FL 33815  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Publix Supermarkets</b>  Occupation <b>executive</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) <b>8/25/97</b>	Amount of Each Receipt this Period <b>500.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> Howard M. Jenkins 531 Lone Palm Drive Lakeland, FL 33815  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Publix Supermarkets</b>  Occupation <b>executive</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) <b>11/24/97</b>	Amount of Each Receipt this Period <b>500.00</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> Douglas R. Johnson 602 Kristanna Drive Panama City, FL 32405  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>information requested</b>  Occupation <b>information requested</b> Aggregate Year-to-Date > \$ <b>250.00</b>	Date (month, day, year) <b>11/04/97</b>	Amount of Each Receipt this Period <b>250.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> David A. Jones P. O. Box 1438 Louisville, KY 40201  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Humana, Inc.</b>  Occupation <b>chairman</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) <b>10/20/97</b>	Amount of Each Receipt this Period <b>1,000.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> David C. Jones 3435 10th Street, North Highpoint, FL 33940  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>self-employed</b>  Occupation <b>realtor</b> Aggregate Year-to-Date > \$ <b>500.00</b>	Date (month, day, year) <b>10/14/97</b>	Amount of Each Receipt this Period <b>400.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> David C. Jones 3435 10th Street, North Highpoint, FL 33940  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>self-employed</b>  Occupation <b>realtor</b> Aggregate Year-to-Date > \$ <b>500.00</b>	Date (month, day, year) <b>11/25/97</b>	Amount of Each Receipt this Period <b>(250.00)</b> <b>redesignated</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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8802001/443



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Herbert D. Katz 4030-C Sheridan Street Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> investor Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Herbert D. Katz 4030-C Sheridan Street Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> investor Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Herbert D. Katz 4030-C Sheridan Street Hollywood, FL 33021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> investor Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Sherman M. Kaufman 3845 Live Oak Blvd. Delray Beach, FL 33445 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Tru-Kay Mfg. Co. <b>Occupation</b> jewelry mfg. Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Bing Kearney 9625 Alonzo Road Riverview, FL 33569 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kearney Development <b>Occupation</b> developer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Carol Anne Kelly 4000 Tunlaw Road, N.W. Washington, D.C. 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Premier <b>Occupation</b> govt. relations Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Mrs. Green Keltner 15048 Tamarind Cay Court, #606 Ft. Myers, FL 33908 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife Aggregate Year-to-Date > \$ 300.00	<b>Date (month, day, year)</b> 10/02/97	<b>Amount of Each Receipt this Period</b> 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9300010445

9300010445

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Ralph E. Kent 79 Forest At Duke Drive Durham, NC 27705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 9/18/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Thomas A. Kershaw 84 Beacon Street Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hampshire House <b>Occupation</b> business owner <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/22/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard S. Kessler 4008 Ancient Oak Court Annandale, VA 22003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kessler & Assoc. <b>Occupation</b> consultant <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Lucile S. Keyes 2605 31st Street, N.W. Washington, D.C. 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,200.00	<b>Date (month, day, year)</b> 8/29/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Arthur H. Keyes, Jr. 2605 31st Street, N.W. Washington, D.C. 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Jay Kislak P. O. Box 025409 Miami, FL 33102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kislak Mortgage Corp. <b>Occupation</b> mortgage banker <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Alan J. Kluger 1000 W. Island Blvd., #2909 Williams Island, FL 33160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kluger, Peretz, et al <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 8/25/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9300010446

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> C. B. Knappen 2103 South Ocean Blvd. Delray Beach, FL 33483 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Anthony J. Knaus 14410 Carlson Circle Tampa, FL 33626 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Knaus Systems, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 8/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> James Kovach 2912 S.W. 68th Lane Gainesville, FL 32608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Ruth Kovach 2912 S.W. 68th Lane Gainesville, FL 32608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert R. Krumm P. O. Box 832 Lake Wales, FL 33859 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 7/17/97	<b>Amount of Each Receipt this Period</b> 250.00

SUBTOTAL of Receipts This Page (optional) .....

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

9802001/447

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Paul M. Kuck 3034 Hoffner Avenue Orlando, FL 32812  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Regal Boats  <b>Occupation</b> owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Latelle M. LaFollette, III 4887 Windsor Park Sarasota, FL 34235  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>C. Full Name, Mailing Address and ZIP Code</b> John LaTour, Jr. 124 Emmett Street Daytona Beach, FL 32114  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Economy Electric  <b>Occupation</b> electrical engineer  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 150.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Sheila Laboda 5285 Summerlin Road Ft. Myers, FL 33907  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Royal Palm Travel  <b>Occupation</b> travel consultant  <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 12/08/97	<b>Amount of Each Receipt this Period</b> 350.00
<b>E. Full Name, Mailing Address and ZIP Code</b> David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> restauranteur  <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/01/97	<b>Amount of Each Receipt this Period</b> 1,500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> restauranteur  <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> restauranteur  <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

8441010448

88002001/448

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

**A. Full Name, Mailing Address and ZIP Code**

Scott R. Laidig  
3713 Ceylon Drive  
Gulf Breeze, FL 32561

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

**Name of Employer**

Visicom Labs

**Occupation**

businessman

Date (month,  
day, year)

7/28/97

Amount of Each  
Receipt this Period

200.00

Aggregate Year-to-Date > \$ 450.00

**B. Full Name, Mailing Address and ZIP Code**

Scott R. Laidig  
3713 Ceylon Drive  
Gulf Breeze, FL 32561

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

**Name of Employer**

Visicom Labs

**Occupation**

businessman

Date (month,  
day, year)

12/05/97

Amount of Each  
Receipt this Period

250.00

Aggregate Year-to-Date > \$ 450.00

**C. Full Name, Mailing Address and ZIP Code**

Hymen Lake  
7388 Chancery Lane  
Orlando, FL 32809

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

**Name of Employer**

self-employed

**Occupation**

attorney

Date (month,  
day, year)

10/22/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

**D. Full Name, Mailing Address and ZIP Code**

Hymen Lake  
7388 Chancery Lane  
Orlando, FL 32809

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

**Name of Employer**

self-employed

**Occupation**

attorney

Date (month,  
day, year)

11/28/97

Amount of Each  
Receipt this Period

(500.00)  
redesignated

Aggregate Year-to-Date > \$ 500.00

**E. Full Name, Mailing Address and ZIP Code**

Hymen Lake  
7388 Chancery Lane  
Orlando, FL 32809

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

**Name of Employer**

self-employed

**Occupation**

attorney

Date (month,  
day, year)

11/28/97

Amount of Each  
Receipt this Period

500.00  
redesignated

Aggregate Year-to-Date > \$ 500.00

**F. Full Name, Mailing Address and ZIP Code**

William B. Lambert  
2207 Gulf Shores Blvd., N., #D-4  
Naples, FL 34102

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

**Name of Employer**

n/a

**Occupation**

retired

Date (month,  
day, year)

8/04/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

**G. Full Name, Mailing Address and ZIP Code**

George R. Langford  
P. O. Box 2235  
Tallahassee, FL 32316

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

**Name of Employer**

n/a

**Occupation**

retired

Date (month,  
day, year)

8/15/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

## A. Full Name, Mailing Address and ZIP Code

E. Robert Langley, Jr.  
3733 University Blvd. W., Suite 208  
Jacksonville, FL 32217Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

n/a

## Occupation

retired

Date (month,  
day, year)

10/27/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

## B. Full Name, Mailing Address and ZIP Code

E. Robert Langley, Jr.  
3733 University Blvd. W., Suite 208  
Jacksonville, FL 32217Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

n/a

## Occupation

retired

Date (month,  
day, year)

11/17/97

Amount of Each  
Receipt this Period(500.00)  
redesignated

Aggregate Year-to-Date &gt; \$ 500.00

## C. Full Name, Mailing Address and ZIP Code

E. Robert Langley, Jr.  
3733 University Blvd. W., Suite 208  
Jacksonville, FL 32217Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

## Name of Employer

n/a

## Occupation

retired

Date (month,  
day, year)

11/17/97

Amount of Each  
Receipt this Period500.00  
redesignated

Aggregate Year-to-Date &gt; \$ 500.00

## D. Full Name, Mailing Address and ZIP Code

Allen L. Lastinger, Jr.  
1145 Campbell Avenue  
Jacksonville, FL 32207Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Barnett Bank

## Occupation

officer

Date (month,  
day, year)

10/16/97

Amount of Each  
Receipt this Period

300.00

Aggregate Year-to-Date &gt; \$ 300.00

## E. Full Name, Mailing Address and ZIP Code

Dexter Lehtinen  
6005 S.W. 102nd Street  
Miami, FL 33156Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Lehtinen, O'Donnell

## Occupation

attorney

Date (month,  
day, year)

10/28/97

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

## F. Full Name, Mailing Address and ZIP Code

Carl W. Lentz, M.D.  
2411 N. Halifax  
Daytona Beach, FL 32118Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

ophthamologist

Date (month,  
day, year)

8/04/97

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 1,000.00

## G. Full Name, Mailing Address and ZIP Code

Carl W. Lentz, M.D.  
2411 N. Halifax  
Daytona Beach, FL 32118Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

ophthamologist

Date (month,  
day, year)

9/10/97

Amount of Each  
Receipt this Period(1,000.00)  
redesignated

Aggregate Year-to-Date &gt; \$ 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Carl W. Lentz, M.D. 2411 N. Halifax Daytona Beach, FL 32118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> opthamologist <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Jacob E. Levine, M.D. 3221 N.E. 57th Court Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Larry A. Lisenby P. O. Box 2283 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> U.S. Sugar Corp. <b>Occupation</b> supervisor <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Wesley H. Loomis, III 700 John Ringling Blvd., Apt. 305 Sarasota, FL 34236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Wesley H. Loomis, III 700 John Ringling Blvd., Apt. 305 Sarasota, FL 34236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/11/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>F. Full Name, Mailing Address and ZIP Code</b> Mary P. Loomis 700 John Ringling Blvd., Apt. 305 Sarasota, FL 34236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,200.00	<b>Date (month, day, year)</b> 10/11/97	<b>Amount of Each Receipt this Period</b> 400.00 reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Mary P. Loomis 700 John Ringling Blvd., Apt. 305 Sarasota, FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 1,200.00	<b>Date (month, day, year)</b> 10/11/97	<b>Amount of Each Receipt this Period</b> 600.00 reattributed

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

3802001/451

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Tasker G. Lowndes 400 N. Flagler Drive, A1705 West Palm Beach, FL 33401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 225.00	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> 75.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Tasker G. Lowndes 400 N. Flagler Drive, A1705 West Palm Beach, FL 33401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 225.00	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 75.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Donald P. Luning 1500 Atlantic Blvd., Unit 403 Key West, FL 33040 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 8/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Geraldine J. MacLeod 1793 Lake Berry Drive Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/05/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Florence S. Macdonald 1270 S.W. Shoreline Drive Palm City, FL 34990 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> John L. Macdonald 8675 Hidden River Parkway Tampa, FL 33637 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> JLM Industries, Inc. <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 9/11/97	<b>Amount of Each Receipt this Period</b> 1,500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> John L. Macdonald 8675 Hidden River Parkway Tampa, FL 33637 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> JLM Industries, Inc. <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 9/30/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John H. Marshall P. O. Box 1106 Boca Grande, FL 33921 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> John H. Marshall P. O. Box 1106 Boca Grande, FL 33921 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/09/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> John H. Marshall P. O. Box 1106 Boca Grande, FL 33921 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/09/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert Martinez 4647 W. San Jose Street Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Martinez Inatl. <b>Occupation</b> consultant <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Camille Bares Massie 501 High Street Alexandria, VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> James D. Massie 501 High Street Alexandria, VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alpine Group, Inc. <b>Occupation</b> consultant <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> C. Parkhill Mays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Holland & Knight <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98020017454

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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Detailed Summary Page

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FOR LINE NUMBER  
**11aj**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>C. Parkhill Mays, Jr.</b> <b>2109 Cambridge Avenue</b> <b>Lakeland, FL 33803</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Holland &amp; Knight</b> <b>Occupation</b> <b>attorney</b> <b>Aggregate Year-to-Date &gt; \$ 1,000.00</b>	<b>Date (month, day, year)</b> <b>11/25/97</b>	<b>Amount of Each Receipt this Period</b> <b>(500.00)</b> <b>redesignated</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>C. Parkhill Mays, Jr.</b> <b>2109 Cambridge Avenue</b> <b>Lakeland, FL 33803</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Holland &amp; Knight</b> <b>Occupation</b> <b>attorney</b> <b>Aggregate Year-to-Date &gt; \$ 1,000.00</b>	<b>Date (month, day, year)</b> <b>11/25/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b> <b>redesignated</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Robert R. Mazer</b> <b>940 Brittany Road</b> <b>Highland Park, IL 60035</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date &gt; \$ 500.00</b>	<b>Date (month, day, year)</b> <b>10/29/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Elke M. McCoy</b> <b>100 Cherry Street, Apt. 801</b> <b>Panama City, FL 32401</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>self-employed</b> <b>Occupation</b> <b>realtor</b> <b>Aggregate Year-to-Date &gt; \$ 250.00</b>	<b>Date (month, day, year)</b> <b>8/06/97</b>	<b>Amount of Each Receipt this Period</b> <b>250.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>D. Bruce McCraw, M.D.</b> <b>1680 Texar Drive</b> <b>Pensacola, FL 32503</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Medical Center Clinic</b> <b>Occupation</b> <b>physician</b> <b>Aggregate Year-to-Date &gt; \$ 400.00</b>	<b>Date (month, day, year)</b> <b>7/23/97</b>	<b>Amount of Each Receipt this Period</b> <b>100.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Edgar W. McCurry, Jr.</b> <b>3161 St. John's Bluff Rd. S., #4</b> <b>Jacksonville Beach, FL 32246</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>self-employed</b> <b>Occupation</b> <b>attorney</b> <b>Aggregate Year-to-Date &gt; \$ 500.00</b>	<b>Date (month, day, year)</b> <b>8/16/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Wilford F. McDermitt</b> <b>352 Hampton Hills Court</b> <b>Debary, FL 32713</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date &gt; \$ 250.00</b>	<b>Date (month, day, year)</b> <b>9/24/97</b>	<b>Amount of Each Receipt this Period</b> <b>200.00</b>

**SUBTOTAL of Receipts This Page (optional) .....**

**TOTAL This Period (last page this line number only) .....**

9802001/455

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Wilford F. McDermitt 352 Hampton Hills Court Debary, FL 32713	Name of Employer n/a Occupation retired	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609	Name of Employer TECO Energy, Inc. Occupation corp. counsel	Date (month, day, year) 8/27/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Ellice McDonald, Jr. 3801 Kennett Pike, C-300 Greenville, DE 19807	Name of Employer n/a Occupation retired	Date (month, day, year) 10/06/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert D. McDougal, III P. O. Box 410 Miami, FL 33133	Name of Employer Culligan Water Soft. Occupation CEO	Date (month, day, year) 10/27/97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert D. McDougal, III P. O. Box 410 Miami, FL 33133	Name of Employer Culligan Water Soft. Occupation CEO	Date (month, day, year) 11/16/97	Amount of Each Receipt this Period (500.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert D. McDougal, III P. O. Box 410 Miami, FL 33133	Name of Employer Culligan Water Soft. Occupation CEO	Date (month, day, year) 11/16/97	Amount of Each Receipt this Period 500.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> John A. McIntyre 9222 Wood Meadow Loop Bradenton, FL 34202	Name of Employer McIntyre, Doherty Occupation construction	Date (month, day, year) 10/27/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) .....

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

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John A. McIntyre 9222 Wood Meadow Loop Bradenton, FL 34202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> McIntyre, Doherty <b>Occupation</b> construction <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> John A. McIntyre 9222 Wood Meadow Loop Bradenton, FL 34202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> McIntyre, Doherty <b>Occupation</b> construction <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> James W. McKee, Jr. 350 Sedgwick Court Naples, FL 33963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 9/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> James W. McKee, Jr. 350 Sedgwick Court Naples, FL 33963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>E. Full Name, Mailing Address and ZIP Code</b> Jayne A. McKee 350 Sedgwick Court Naples, FL 33963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>F. Full Name, Mailing Address and ZIP Code</b> F. David McKinney 3039 Middlesex Road Orlando, FL 32803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> J. Rolfe Davis <b>Occupation</b> insurance <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Diane Kidd McNeel 901 Mariner Way Tampa, FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Caribbean Basin Ind. <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 500.00

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert F. Meyerson Captiva Drive Captiva, FL 33924 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Telantis Corp. <b>Occupation</b> chairman <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert F. Meyerson Captiva Drive Captiva, FL 33924 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Telantis Corp. <b>Occupation</b> chairman <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert F. Meyerson Captiva Drive Captiva, FL 33924 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Telantis Corp. <b>Occupation</b> chairman <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Anthony D. Migliore 3949 Evans Avenue, Suite 102 Ft. Myers, FL 33901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> anesthesiologist <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Vera M. Milner P. O. Box 4617 Dowling Park, FL 32060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> 10/21/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Vera M. Milner P. O. Box 4617 Dowling Park, FL 32060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Vera M. Milner P. O. Box 4617 Dowling Park, FL 32060 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Harland L. Mischler 17037 Brookwood Drive Boca Raton, FL 33496  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> HLM Capital Resources  <b>Occupation</b> investments  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Mary Lee Montgomery 6958 Verde Way Naples, FL 34108  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Montgomery Eye Center  <b>Occupation</b> health care adm.  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Charles J. Montgomery, M.D. 6958 Verde Way Naples, FL 34108  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Montgomery Eye Center  <b>Occupation</b> physician  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Raymond C. Moore 19241 S.W. Conners Hwy. Canal Point, FL 33438  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> U.S. Sugar Corp.  <b>Occupation</b> farmer  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Stephen C. Moore P. O. Box 9500 Lake Worth, FL 33466  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Steve Moore Chevrolet  <b>Occupation</b> sales  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Stephen C. Moore P. O. Box 9500 Lake Worth, FL 33466  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Steve Moore Chevrolet  <b>Occupation</b> sales  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/25/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Cathy Moore P. O. Box 9500 Lake Worth, FL 33466  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> housewife  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/25/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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9802001/450

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> citrus <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Frank L. Morsani 4600 N. Dale Mabry, Suite 200 Tampa, FL 33614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Precision Motor Cars <b>Occupation</b> OWNER <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> John H. Morse 16301 Fairway Woods Drive, #805 Ft. Myers, FL 33908 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> John H. Morse 16301 Fairway Woods Drive, #805 Ft. Myers, FL 33908 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Patterson W. Moseley, M.D. 630 Dunmar Circle Winter Springs, FL 32708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Cardio Surgeons, P.A. <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> John Scot Mueller 4601 Gulf Shore Blvd., N., #16 Naples, FL 34103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Relleum, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> John Scot Mueller 4601 Gulf Shore Blvd., N., #16 Naples, FL 34103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Relleum, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated

SUBTOTAL of Receipts This Page (optional) .....

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John Scot Mueller 4601 Gulf Shore Blvd., N., #16 Naples, FL 34103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Relleum, Inc. <b>Occupation</b> president Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>B. Full Name, Mailing Address and ZIP Code</b> Ronald J. Mueller 13525 U.S. 19 South Clearwater, FL 34624 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Volva & Mazda Village <b>Occupation</b> auto dealer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Ronald J. Mueller 13525 U.S. 19 South Clearwater, FL 34624 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Volva & Mazda Village <b>Occupation</b> auto dealer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Ronald J. Mueller 13525 U.S. 19 South Clearwater, FL 34624 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Volva & Mazda Village <b>Occupation</b> auto dealer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> James E. Murray 2105 Croghan Cross Louisville, KY 40207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Humana, Inc. <b>Occupation</b> chief fin. officer Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> John C. Myers, III 2099 E. Winterbourne, Unit 205 Orange Park, FL 32073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Reinhold Corp. <b>Occupation</b> president Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 8/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Muni L. Narayan 2440 Kent Place, S. Clearwater, FL 34624 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fla. Cardio Consult. <b>Occupation</b> physician Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 10/20/97	<b>Amount of Each Receipt this Period</b> 500.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Deanna D. Natarajan 7321 Midnight Pass Road Sarasota, FL 34242 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Deanna D. Natarajan 7321 Midnight Pass Road Sarasota, FL 34242 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/11/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Deanna D. Natarajan 7321 Midnight Pass Road Sarasota, FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 11/11/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> P. Natarajan, M.D. 7321 Midnight Pass Road Sarasota, FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/08/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Nelson, Hesse et al <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/08/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Nelson, Hesse et al <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Jane B. Nelson 5225 Hidden Harbor Road Sarasota, FL 34242 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Eleanor Forde Newton P. O. Box 6700 Ft. Myers Beach, FL 33932 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,750.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 750.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> self-employed <b>Occupation</b> private investor <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> self-employed <b>Occupation</b> private investor <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/24/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> self-employed <b>Occupation</b> private investor <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/24/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Kay D. O'Rourke 17812 Willow Lake Drive Odessa, FL 33556 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Tradimon Ranch, Inc. <b>Occupation</b> cattle <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 7/14/97	<b>Amount of Each Receipt this Period</b> 450.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Walter Obermayer 2623 Northside Drive Lantana, FL 33462 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 460.00	<b>Date (month, day, year)</b> 8/05/97	<b>Amount of Each Receipt this Period</b> 115.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Walter Obermayer 2623 Northside Drive Lantana, FL 33462 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 460.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 115.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082  Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Odum Properties  <b>Occupation</b> timber  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Anthony Okonmah P. O. Box 680236 Miami, FL 33168  Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> OK Comm. Services  <b>Occupation</b> research scientist  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Anthony Okonmah P. O. Box 680236 Miami, FL 33168  Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> OK Comm. Services  <b>Occupation</b> research scientist  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Anthony Okonmah P. O. Box 680236 Miami, FL 33168  Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> OK Comm. Services  <b>Occupation</b> research scientist  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Louis P. Ortiz P. O. Box 20929 St. Petersburg, FL 33742  Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> McNulty, Garcia&Ortiz  <b>Occupation</b> C.P.A.  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/08/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Shepard Osherow 433 Plaza Real, Suite 365 Boca Raton, FL 33432  Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert Oster N-9399 E. Shore Road Mukwonago, WI 53149  Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Deltrol Controls  <b>Occupation</b> executive  <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

5  
4  
6  
5  
1  
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2002001/465

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert Oster N-9399 E. Shore Road Mukwonago, WI 53149	<b>Name of Employer</b> Deltrol Controls <b>Occupation</b> executive	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 0.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Mrs. Robert Oster N-9399 E. Shore Road Mukwonago, WI 53149	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker	<b>Date (month, day, year)</b> 11/26/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Susan M. Ottenstroer 3025 Bishop Estates Road Jacksonville, FL 32259	<b>Name of Employer</b> n/a <b>Occupation</b> none	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Ashley D. Pace, Jr. 615 Bayshore Dr., Apt. 1001 Pensacola, FL 32507	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 9/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Ashley D. Pace, Jr. 615 Bayshore Dr., Apt. 1001 Pensacola, FL 32507	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> (200.00) redesignated
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Ashley D. Pace, Jr. 615 Bayshore Dr., Apt. 1001 Pensacola, FL 32507	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 200.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Kenneth E. Padgett P. O. Box 3444 Vero Beach, FL 32964	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/466



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Raymond S. Page, Jr. Mill Creek Terrace Gladwyne, PA 19035 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Raymond S. Page, Jr. Mill Creek Terrace Gladwyne, PA 19035 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Raymond S. Page, Jr. Mill Creek Terrace Gladwyne, PA 19035 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 11/23/97	<b>Amount of Each Receipt this Period</b> (100.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Raymond S. Page, Jr. Mill Creek Terrace Gladwyne, PA 19035 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 11/23/97	<b>Amount of Each Receipt this Period</b> 100.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Jeno F. Paulucci 201 W. First Street Sanford, FL 32771 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> Paulucci Pizza <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,750.00	<b>Date (month, day, year)</b> 10/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Jeno F. Paulucci 201 W. First Street Sanford, FL 32771 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Paulucci Pizza <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,750.00	<b>Date (month, day, year)</b> 10/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Leonard R. Pavelka 4966 Ortega Blvd. Jacksonville, FL 32210 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> J. H. Churchwell Co. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9902001/467

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Paul L. Paver 3977 Roberts Point Road Sarasota, FL 34242  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Paver Dev. Corp.  <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/26/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Lowell W. Paxson 780 S. Ocean Blvd. Palm Beach, FL 33480  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Paxson Broadcasting  <b>Occupation</b> radio <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Paula Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Jerry's, Inc.  <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Paula Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Jerry's, Inc.  <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/28/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> Paula Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Jerry's, Inc.  <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/28/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Samuel A. Penninger, Jr. 1034 Wetherby Way Alpharetta, GA 30202  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Serologicals, Inc.  <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/21/97	<b>Amount of Each Receipt this Period</b> 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Mrs. Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 7/28/97	Amount of Each Receipt this Period 250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Mrs. Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Roy Pfautch 52 Portland Place St. Louis, MO 53408  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Civic Service, Inc. Occupation consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Sam Pivar 1100 Ben Franklin Drive, Apt. 702 Sarasota, FL 34236  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 7/24/97	Amount of Each Receipt this Period 200.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Judd L. Pollock 21 Greenleaf Avenue Darien, CT 06820  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9/24/97	Amount of Each Receipt this Period 200.00
<b>G. Full Name, Mailing Address and ZIP Code</b> F. Wallace Pope, Jr. P. O. Box 1368 Clearwater, FL 34617  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Johnson, Blakely Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/14/97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) .....

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Daniel B. Pope, M.D. 316 77th Street, N.W. Bradenton, FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/03/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 7/14/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Mark A. Proctor 409 S. Kings Avenue Brandon, FL 33511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Proctor Corp. <b>Occupation</b> real estate <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Jason K. Psaltides 3703 N.E. 166 Street, #606 N. Miami Beach, FL 33160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Psaltides & Assoc. <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 8/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>John H. Quinn</b> <b>P. O. Box 941539</b> <b>Maitland, FL 32794</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>self-employed</b> <b>Occupation</b> <b>investments</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>10/24/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Ellis M. Ramsdell</b> <b>6790 S.W. 72nd Court</b> <b>Miami, FL 33143</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>n/a</b> <b>Occupation</b> <b>retired</b> <b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>	<b>Date (month, day, year)</b> <b>7/21/97</b>	<b>Amount of Each Receipt this Period</b> <b>100.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Alberto S. Recio</b> <b>400 N. Flagler Drive, #2002</b> <b>West Palm Beach, FL 33401</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Flo-Sun, Inc.</b> <b>Occupation</b> <b>vice-president</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>11/17/97</b>	<b>Amount of Each Receipt this Period</b> <b>1,000.00</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Jerry D. Reese, M.D.</b> <b>11823 Lakestone Way</b> <b>Prospect, KY 40059</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Humana, Inc.</b> <b>Occupation</b> <b>sr. vice-president</b> <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> <b>10/30/97</b>	<b>Amount of Each Receipt this Period</b> <b>1,000.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Allen N. Reeves</b> <b>4922 Chariton Avenue</b> <b>Tampa, FL 33603</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Reeves Motorcars</b> <b>Occupation</b> <b>car dealer</b> <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> <b>8/20/97</b>	<b>Amount of Each Receipt this Period</b> <b>250.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>James A. Reeves, Jr., M.D.</b> <b>1331 Longwood Drive</b> <b>Ft. Myers, FL 33919</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Assoc. in Hematology</b> <b>Occupation</b> <b>physician</b> <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> <b>10/29/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Dale R. Regnier</b> <b>981 Wittman Drive</b> <b>Ft. Myers, FL 33919</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>LTP Management</b> <b>Occupation</b> <b>marketing director</b> <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> <b>11/04/97</b>	<b>Amount of Each Receipt this Period</b> <b>500.00</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Fred A. Reisman 5151 Collins Avenue, #433-E Miami Beach, FL 33140  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,050.00	<b>Date (month, day, year)</b> 10/09/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Fred A. Reisman 5151 Collins Avenue, #433-E Miami Beach, FL 33140  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,050.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> (135.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Fred A. Reisman 5151 Collins Avenue, #433-E Miami Beach, FL 33140  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,050.00	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> 135.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 200.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 150.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> (150.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> none  <b>Aggregate Year-to-Date</b> > \$ 650.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> 150.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Herbert J. Rowe 4601 Gulf Shore Blvd., N., #12 Naples, FL 33940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 376.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>B. Full Name, Mailing Address and ZIP Code</b> Anna M. Rowe 4601 Gulf Shore Blvd., N., #12 Naples, FL 33940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,436.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 564.00 reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> Anna M. Rowe 4601 Gulf Shore Blvd., N., #12 Naples, FL 33940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,436.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 436.00 reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Rush Holdings, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 9/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Rush Holdings, Inc. <b>Occupation</b> president <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> (600.00) reattributed
<b>F. Full Name, Mailing Address and ZIP Code</b> Mariam Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 600.00 reattributed
<b>G. Full Name, Mailing Address and ZIP Code</b> Donald Russell 206 Blanca Tampa, FL 33606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Communications Equity <b>Occupation</b> fund manager <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard P. Ryan 1 Sandestin Estates Destin, FL 32541 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 150.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Milton S. Sager 1835 S.E. Fourth Street Cape Coral, FL 33990 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> lawn sprklr svc <b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> C. W. Sahlman 1601 Sahlman Drive Tampa, FL 33605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Sahlman Seafoods <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> David L. Saint, M.D. 2407 Troland Road Tallahassee, FL 32312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Inatl Contractors Clb <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Inatl Contractors Clb <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Inatl Contractors Clb <b>Occupation</b> executive <b>Aggregate Year-to-Date</b> > \$ <b>500.00</b>	<b>Date (month, day, year)</b> 11/15/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Charles R. Savidge P. O. Box 8400 Longboat Key, FL 34228 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Stuart L. Scharaga P. O. Box 31599 Palm Beach Gardens, FL 33420 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> Blu-Aqua Equities <b>Occupation</b> CEO <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Susan V. V. Scott 1615 Barcelona Way Winter Park, FL 32789 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> self-employed <b>Occupation</b> surgeon <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Howard A. Seider, Jr., M.D. 6108 Shore Acres Bradenton, FL 34209 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 200.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Betty S. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Betty S. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Brent Sembler 7741 Hunter Lane Pinellas Park, FL 33782 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> The Sembler Company <b>Occupation</b> real estate developer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 33777  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 33777  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/09/97	Amount of Each Receipt this Period (500.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 33777  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/09/97	Amount of Each Receipt this Period 500.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Melvin F. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation real estate developer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert A. Shaheen 17040 Grand Bay Drive Boca Raton, FL 33496  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/16/97	Amount of Each Receipt this Period 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Richard L. Shanley 3661 Quail Ridge Drive Boynton Beach, FL 33436  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9/18/97	Amount of Each Receipt this Period 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> S. M. Shepard 2510 Harbor Court Ft. Myers, FL 33908  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/13/97	Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>S. M. Shepard</b> <b>2510 Harbor Court</b> <b>Ft. Myers, FL 33908</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 10/27/97 <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>A. Edwin Shinholser</b> <b>3936 Trophy Blvd.</b> <b>New Port Richey, FL 34655</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 7/14/97 <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Amount of Each Receipt this Period</b> 200.00
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>A. Edwin Shinholser</b> <b>3936 Trophy Blvd.</b> <b>New Port Richey, FL 34655</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 10/20/97 <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Amount of Each Receipt this Period</b> 200.00
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>A. Edwin Shinholser</b> <b>3936 Trophy Blvd.</b> <b>New Port Richey, FL 34655</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 11/14/97 <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Amount of Each Receipt this Period</b> (200.00) redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>A. Edwin Shinholser</b> <b>3936 Trophy Blvd.</b> <b>New Port Richey, FL 34655</b> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 11/14/97 <b>Aggregate Year-to-Date</b> > \$ <b>600.00</b>	<b>Amount of Each Receipt this Period</b> 200.00 redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Charles R. Shipley, Jr.</b> <b>71 Vista Avenue</b> <b>Auburndale, MA 02166</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 7/21/97 <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Charles R. Shipley, Jr.</b> <b>71 Vista Avenue</b> <b>Auburndale, MA 02166</b> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired	<b>Date (month, day, year)</b> 9/03/97 <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Amount of Each Receipt this Period</b> (500.00) redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/478

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Shipley, Jr. 71 Vista Avenue Auburndale, MA 02166	n/a	9/03/97	500.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>retired</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perry M. Shoemaker 5701 Mariner Street, Apt. 703 Tampa, FL 33609	n/a	8/04/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>retired</b>	Aggregate Year-to-Date > \$ <b>300.00</b>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Short, Jr. 3512 Berger Road Lutz, FL 33549	information requested	11/05/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>information requested</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter M. Sidell 6918 Old Whiskey Creek Drive Ft. Myers, FL 33919	Cardiac Surg. Assoc.	11/10/97	1,580.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>physician</b>	Aggregate Year-to-Date > \$ <b>80.00</b>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter M. Sidell 6918 Old Whiskey Creek Drive Ft. Myers, FL 33919	Cardiac Surg. Assoc.	12/25/97	(1,580.00) reattributed
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>physician</b>	Aggregate Year-to-Date > \$ <b>80.00</b>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Kay Sidell 6918 Old Whiskey Creek Drive Ft. Myers, FL 33919	Mall Travel	12/25/97	895.00 reattributed
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>travel agent</b>	Aggregate Year-to-Date > \$ <b>1,500.00</b>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Kay Sidell 6918 Old Whiskey Creek Drive Ft. Myers, FL 33919	Mall Travel	12/25/97	685.00 reattributed
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>travel agent</b>	Aggregate Year-to-Date > \$ <b>1,500.00</b>	

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Micheline Silverman 4007 Bayside Drive Bradenton, FL 34210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> The Eye Associates <b>Occupation</b> c.f.o. <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Harris Silverman, M.D. 4007 Bayside Drive Bradenton, FL 34210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> The Eye Assoc. <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Floyd D. Skinner 2211 Thomas Drive Panama City, FL 32408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Skinner Tax Consult. <b>Occupation</b> tax consultant <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> William D. Smart 3901 W. Madura Road Gulf Breeze, FL 32561 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Chesterfield Smith P. O. Box 015441 Miami, FL 33101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Holland & Knight <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Chesterfield Smith P. O. Box 015441 Miami, FL 33101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Holland & Knight <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Chesterfield Smith P. O. Box 015441 Miami, FL 33101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Holland & Knight <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated

SUBTOTAL of Receipts This Page (optional) .....

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Layton F. Smith 825 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/25/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Layton F. Smith 825 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> Joan H. Smith 825 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Paul J. Spellman 1818 Northwood Terrace Orlando, FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 325.00	<b>Date (month, day, year)</b> 7/29/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Paul J. Spellman 1818 Northwood Terrace Orlando, FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 325.00	<b>Date (month, day, year)</b> 9/24/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Paul J. Spellman 1818 Northwood Terrace Orlando, FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 325.00	<b>Date (month, day, year)</b> 10/21/97	<b>Amount of Each Receipt this Period</b> 25.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Paul J. Spellman 1818 Northwood Terrace Orlando, FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 325.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 25.00

SUBTOTAL of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Paul J. Spellman 1818 Northwood Terrace Orlando, FL 32803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 325.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 25.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Stephen J. Spencer 604 Palm Avenue Belleair, FL 34616 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Spencer and Jonnatti <b>Occupation</b> architect <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Stephen J. Spencer 604 Palm Avenue Belleair, FL 34616 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Spencer and Jonnatti <b>Occupation</b> architect <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/19/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Stephen J. Spencer 604 Palm Avenue Belleair, FL 34616 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Spencer and Jonnatti <b>Occupation</b> architect <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/19/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> A. G. Spriggs 264 Saratoga Court Osprey, FL 34229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/25/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Georges C. St. Laurent P. O. Box 90 Longwood, FL 32750 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Washington Mutual <b>Occupation</b> banking <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Frances Stavros One Beach Drive, S.E., Apt. 2503 St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

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**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Deborah L. Steelman 8523 Georgetown Pike McLean, VA 22102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> attorney <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Edward L. Steinberg, M.Sc., O.D. 130 Sunrise Avenue, PH 1W Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> SDA Enterprises <b>Occupation</b> vice-chairman <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Vincent G. Stenger, M.D. 1703 Little Pointe Circle Sarasota, FL 34231 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 625.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Virginia Stephens 6540 S.W. 79th Court Miami, FL 33143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/05/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,350.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,350.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> (350.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 1,350.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 350.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

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98002001/483

**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Josephine S. Sturgis 2900 20th Street Vero Beach, FL 32960 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Phillip Tasker 2231 Gillis Court Maitland, FL 32751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alliance Bank <b>Occupation</b> bank officer <b>Aggregate Year-to-Date</b> > \$ 570.00	<b>Date (month, day, year)</b> 9/19/97	<b>Amount of Each Receipt this Period</b> 190.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Stanley G. Tate 1175 N.E. 125th Street North Miami, FL 33261 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Tate Enterprises <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Stanley G. Tate 1175 N.E. 125th Street North Miami, FL 33261 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Tate Enterprises <b>Occupation</b> developer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>E. Full Name, Mailing Address and ZIP Code</b> Joanne Tate 1175 N.E. 125th Street, Suite 102 North Miami, FL 33161 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>F. Full Name, Mailing Address and ZIP Code</b> Stewart P. Thomas 1250 Mendavia Avenue Coral Gables, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thomas Mgmt. Services <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Stewart P. Thomas 1250 Mendavia Avenue Coral Gables, FL 33146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thomas Mgmt. Services <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 150.00

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9 3 0 0 1 0 4 0 4

89002001/484

**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Virginia S. Thomas 2814 Canal Drive Panama City, FL 32405  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Richard K. Thorndike 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard K. Thorndike 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> (1,000.00) reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Mrs. Richard K. Thorndike 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00 reattributed
<b>E. Full Name, Mailing Address and ZIP Code</b> Mrs. Richard K. Thorndike 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> (600.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Mrs. Richard K. Thorndike 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> retired  <b>Aggregate Year-to-Date</b> > \$ 1,600.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> 600.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> John Tiedtke 1 Isle of Sicily Winter Park, FL 32789  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed  <b>Occupation</b> agriculture  <b>Aggregate Year-to-Date</b> > \$ 600.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00

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9300010405

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**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> agriculture Aggregate Year-to-Date > \$ 600.00	<b>Date (month, day, year)</b> 11/12/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> agriculture Aggregate Year-to-Date > \$ 600.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> (500.00) reattributed
<b>C. Full Name, Mailing Address and ZIP Code</b> John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> agriculture Aggregate Year-to-Date > \$ 600.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> (100.00) reattributed
<b>D. Full Name, Mailing Address and ZIP Code</b> Sylvia Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Receipt this Period</b> 500.00 reattributed
<b>E. Full Name, Mailing Address and ZIP Code</b> Sylvia Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife Aggregate Year-to-Date > \$ 1,000.00	<b>Date (month, day, year)</b> 12/26/97	<b>Amount of Each Receipt this Period</b> 100.00 reattributed
<b>F. Full Name, Mailing Address and ZIP Code</b> David C. Tipton 2714 Country Club Drive Lynn Haven, FL 32444 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Saltmarsky Cleaveland <b>Occupation</b> C.P.A. Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Bruce E. Titus P. O. Box 22668 Tampa, FL 33622 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Suncoast Ins. Assoc. <b>Occupation</b> insurance agent Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 500.00

SUBTOTAL of Receipts This Page (optional) .....

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

93020010406

93020010406

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> John C. Tonkin, M.D. P. O. Box 48 Daytona Beach, FL 32115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Radiology Assoc. <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> George S. Trees 11954 Turtle Beach Road N. Palm Beach, FL 33408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 8/08/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> George S. Trees 11954 Turtle Beach Road N. Palm Beach, FL 33408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Stewart Turley P. O. Box 4689 Clearwater, FL 34618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Stewart Turley P. O. Box 4689 Clearwater, FL 34618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/18/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>F. Full Name, Mailing Address and ZIP Code</b> Stewart Turley P. O. Box 4689 Clearwater, FL 34618 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/18/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> U.I.L. Partnership 4229 Highway 90 Pace, FL 32571 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> partnership <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

7300010487

2800001487

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Edwin A. Henry 5020 San Pedro Court Milton, FL 32583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo
<b>B. Full Name, Mailing Address and ZIP Code</b> Edwin A. Henry 5020 San Pedro Court Milton, FL 32583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 11/16/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> Edwin A. Henry 5020 San Pedro Court Milton, FL 32583 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes <b>Occupation</b> general contractor <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 11/16/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Susan A. Henry 5020 San Pedro Court Milton, FL 32583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Henry Company Homes <b>Occupation</b> bookkeeper <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> (250.00) memo
<b>E. Full Name, Mailing Address and ZIP Code</b> Jose F. Valdivia, Jr. 1121 Pine Point Road Singer Island, FL 33404 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Flo-Sun, Inc. <b>Occupation</b> vice-president <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> E. L. Van Every 425 Pine Lake Drive Naples, FL 34112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 9/19/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> E. L. Van Every 425 Pine Lake Drive Naples, FL 34112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 100.00

SUBTOTAL of Receipts This Page (optional) .....

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9802001/488

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Henry G. Van der Eb 100 Glenview Place, #708 Naples, FL 34108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 7/28/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Richard H. Vaughan 1848 Southpointe Drive Sarasota, FL 34231 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Vaughan Assoc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard H. Vaughan 1848 Southpointe Drive Sarasota, FL 34231 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Vaughan Assoc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard H. Vaughan 1848 Southpointe Drive Sarasota, FL 34231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Vaughan Assoc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>E. Full Name, Mailing Address and ZIP Code</b> R. R. Vijay, M.D. 4 Columbia Drive, Suite 830 Tampa, FL 33606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 7/17/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> R. R. Vijay, M.D. 4 Columbia Drive, Suite 830 Tampa, FL 33606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 8/11/97	<b>Amount of Each Receipt this Period</b> (250.00) redesignated
<b>G. Full Name, Mailing Address and ZIP Code</b> R. R. Vijay, M.D. 4 Columbia Drive, Suite 830 Tampa, FL 33606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> physician <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 8/22/97	<b>Amount of Each Receipt this Period</b> 250.00 redesignated

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

## A. Full Name, Mailing Address and ZIP Code

R. R. Vijay, M.D.  
4 Columbia Drive, Suite 830  
Tampa, FL 33606Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

physician

Date (month,  
day, year)

10/10/97

Amount of Each  
Receipt this Period

1,000.00

Aggregate Year-to-Date &gt; \$ 750.00

## B. Full Name, Mailing Address and ZIP Code

R. R. Vijay, M.D.  
4 Columbia Drive, Suite 830  
Tampa, FL 33606Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

physician

Date (month,  
day, year)

11/14/97

Amount of Each  
Receipt this Period(400.00)  
redesignated

Aggregate Year-to-Date &gt; \$ 750.00

## C. Full Name, Mailing Address and ZIP Code

R. R. Vijay, M.D.  
4 Columbia Drive, Suite 830  
Tampa, FL 33606Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

physician

Date (month,  
day, year)

11/14/97

Amount of Each  
Receipt this Period400.00  
redesignated

Aggregate Year-to-Date &gt; \$ 750.00

## D. Full Name, Mailing Address and ZIP Code

R. R. Vijay, M.D.  
4 Columbia Drive, Suite 830  
Tampa, FL 33606Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

physician

Date (month,  
day, year)

11/14/97

Amount of Each  
Receipt this Period(600.00)  
reattributed

Aggregate Year-to-Date &gt; \$ 750.00

## E. Full Name, Mailing Address and ZIP Code

Kathleen M. Vijayanagar  
4953 Bay Way Drive  
Tampa, FL 33629Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

n/a

## Occupation

none

Date (month,  
day, year)

11/14/97

Amount of Each  
Receipt this Period600.00  
reattributed

Aggregate Year-to-Date &gt; \$ 600.00

## F. Full Name, Mailing Address and ZIP Code

Charles E. Virgin, M.D.  
3250 S. W. 3rd Avenue, #100B  
Miami, FL 33129Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

self-employed

## Occupation

physician

Date (month,  
day, year)

9/18/97

Amount of Each  
Receipt this Period

300.00

Aggregate Year-to-Date &gt; \$ 300.00

## G. Full Name, Mailing Address and ZIP Code

Lynn E. Wagner  
198 Promenade Circle  
Lake Mary, FL 32746Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

## Name of Employer

Baker &amp; Hostetler

## Occupation

attorney

Date (month,  
day, year)

10/24/97

Amount of Each  
Receipt this Period

500.00

Aggregate Year-to-Date &gt; \$ 500.00

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**SCHEDULE A**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Lynn E. Wagner 198 Promenade Circle Lake Mary, FL 32746	<b>Name of Employer</b> Baker & Hostetler	<b>Date (month, day, year)</b> 11/25/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> attorney		
<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> Lynn E. Wagner 198 Promenade Circle Lake Mary, FL 32746	<b>Name of Employer</b> Baker & Hostetler	<b>Date (month, day, year)</b> 11/25/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> attorney		
<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> Harry Walia 639 Cornwell on the Gulf Venice, FL 34285	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>		
<b>Aggregate Year-to-Date</b> > \$ 1,000.00			
<b>D. Full Name, Mailing Address and ZIP Code</b> Harry Walia 639 Cornwell on the Gulf Venice, FL 34285	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> (500.00) redesignated
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>		
<b>Aggregate Year-to-Date</b> > \$ 1,000.00			
<b>E. Full Name, Mailing Address and ZIP Code</b> Harry Walia 639 Cornwell on the Gulf Venice, FL 34285	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 500.00 redesignated
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>		
<b>Aggregate Year-to-Date</b> > \$ 1,000.00			
<b>F. Full Name, Mailing Address and ZIP Code</b> Daniel L. Walker 328 Carl Avenue Belleair, FL 33756	<b>Name of Employer</b> Provident Merchandise	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> merchandising		
<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>G. Full Name, Mailing Address and ZIP Code</b> Jeffrey S. Walker, M.D. 1281 5th Avenue, N., #408 St. Petersburg, FL 33705	<b>Name of Employer</b> self-employed	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> physician		
<b>Aggregate Year-to-Date</b> > \$ 1,000.00			

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/491

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alvin's Stores, Inc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 7/25/97	<b>Amount of Each Receipt this Period</b> 1,500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alvin's Stores, Inc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Receipt this Period</b> (1,000.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alvin's Stores, Inc. <b>Occupation</b> owner <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Receipt this Period</b> 1,000.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Mrs. Charles E. Weeder P. O. Box 1606 Bartow, FL 33830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> homemaker <b>Aggregate Year-to-Date</b> > \$ 1,350.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 850.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Preston A. Wells, Jr. P. O. Box 1720 Ft. Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 0.00	<b>Date (month, day, year)</b> 10/08/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Edward C. White 1541 Foxhall Road, N.W. Washington, D.C. 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Alpine Group <b>Occupation</b> partner <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 7/15/97	<b>Amount of Each Receipt this Period</b> 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9800001/492

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 10/06/97	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> (50.00) redesignated
<b>C. Full Name, Mailing Address and ZIP Code</b> William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 450.00	<b>Date (month, day, year)</b> 10/17/97	<b>Amount of Each Receipt this Period</b> 50.00 redesignated
<b>D. Full Name, Mailing Address and ZIP Code</b> Annette Wilson 1601 S.E. Avenue K Place Belle Glade, FL 33430 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> information requested <b>Occupation</b> information requested <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> J. Calvin Winter 6220 S.W. 123rd Terrace Miami, FL 33156 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Gregory H. Wolf 581 Sunset Road Louisville, KY 40206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Humana, Inc. <b>Occupation</b> chief oper. officer <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Daniel P. Worth 2496 Windwood Lane Orange Park, FL 32073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ 342.00	<b>Date (month, day, year)</b> 7/24/97	<b>Amount of Each Receipt this Period</b> 150.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Daniel P. Worth 2496 Windwood Lane Orange Park, FL 32073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>342.00</b>	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 35.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Daniel P. Worth 2496 Windwood Lane Orange Park, FL 32073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> retired <b>Aggregate Year-to-Date</b> > \$ <b>342.00</b>	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 57.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Patricia B. Wright 336 Bob White Way Sarasota, FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> none <b>Aggregate Year-to-Date</b> > \$ <b>400.00</b>	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 150.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert F. Zales, II P. O. Box 4335 Panama City, FL 32401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> self-employed <b>Occupation</b> charter/comm fishing <b>Aggregate Year-to-Date</b> > \$ <b>300.00</b>	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 300.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Kathleen von Raits 1000 Vicars Landing Way, #A-204 Ponte Vedra Beach, FL 32082 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> housewife <b>Aggregate Year-to-Date</b> > \$ <b>250.00</b>	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 50.00
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> ADM PAC P. O. Box 1470 Decatur, IL 62525  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Aflac, Inc. PAC Aflac Center Columbus, GA 31999  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Alliant Techsystems Fund 600 2nd Street, N.E. Hopkins, MN 55343  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> American Sugar Cane League PAC P. O. Drawer 938 Thibodaux, LA 70302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> American Sugar Cane League PAC P. O. Drawer 938 Thibodaux, LA 70302  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> American Ambulance Assoc. PAC 1301 Connecticut Avenue, N.W. Washington, D.C. 20036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> American Sugarbeet Growers PAC 1156 15th Street, N.W., Suite 1020 Washington, D.C. 20005  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a  <b>Occupation</b> n/a  <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 9/17/97	<b>Amount of Each Receipt this Period</b> 2,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> American Crystal Sugar PAC 101 N. Third Street Moorhead, MN 56560 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> American Occupational Therapy PAC P. O. Box 31220 Bethesda, MD 20824 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/03/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> American Airlines PAC 1101 17th Street, N.W. Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> American Hotel Motel PAC 1201 New York Ave., N.W., 6th Floor Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Amgen PAC 1300 Eye Street, N.W., Suite 270W Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Bayer PAC Bayer Road Pittsburgh, PA 15205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Baypac P. O. Box 271082 Tampa, FL 33688 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Bell Atlantic Corp. PAC 1710 Rhode Island Avenue, N.W. Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> CSR America PAC 945 E. Paces Ferry Rd., #2110 Atlanta, GA 30326 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Care Pac 1310 G Street, N.W., 12th Floor Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/26/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Champion Inatl Corp. PAC 1875 Eye Street, N.W., Suite 540 Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Chevy Chase Bank PAC 8401 Connecticut Avenue Chevy Chase, MD 20815 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Citicorp Voluntary Political Fund 1101 Pennsylvania Avenue, N.W. Washington, D.C. 20004 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Credit Union Leg. Action Council 805 15th Street, N.W., Suite 300 Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 3,500.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 3,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Credit Union Leg. Action Council 805 15th Street, N.W., Suite 300 Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 3,500.00	<b>Date (month, day, year)</b> 11/18/97	<b>Amount of Each Receipt this Period</b> (500.00)
<b>B. Full Name, Mailing Address and ZIP Code</b> Credit Union Leg. Action Council 805 15th Street, N.W., Suite 300 Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 3,500.00	<b>Date (month, day, year)</b> 11/18/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Crowell & Moring PAC 1001 Pennsylvania Avenue, N.W. Washington, D.C. 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Deloitte & Touche PAC 1001 Pennsylvania Ave., N.W., #350N Washington, D.C. 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Dickstein Shapiro & Morin PAC 1201 L Street, N.W. Washington, D.C. 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Eli Lilly & Company PAC Lilly Corporate Center Indianapolis, IN 46285 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Ernst & Young PAC 1225 Connecticut Avenue, N.W. Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Federation of Amer. Health Systems 1111 19th Street, N.W., Suite 402 Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Fla. Power & Light PAC P. O. Box 14000 Juno Beach, FL 33408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Florida Health PAC P. O. Box 6936 Jacksonville, FL 32236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Furniture PAC Box 1003 High Point, NC 27261 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> General Electric Co. PAC 1299 Pennsylvania Avenue, NW, #1100 Washington, D.C. 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Glaxo, Inc. Democracy Fund Five Moore Drive Research Triangle Park NC 27709 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Greenburg, Traurig PAC 1221 Brickell Avenue Miami, FL 33131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

98002001/499

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Health Insurance PAC 555 13th Street, N.W., Suite 606E Washington, D.C. 20004	n/a	9/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Health Plan PAC 1129 20th Street, N.W., #600 Washington, D.C. 20036	n/a	10/21/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Healthcare Compare PAC 3200 S. Highland Avenue Downers Grove, IL 60515	n/a	10/14/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoffman LaRoche Committee 1300 I Street, N.W., Suite 520W Washington, D.C. 20005	n/a	10/06/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Holland & Knight Comm. for Eff. Govt. 2100 Pennsylvania Ave., NW, #400 Washington, D.C. 30037	n/a	10/27/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Holland & Knight Comm. for Eff. Govt. 2100 Pennsylvania Ave., NW, #400 Washington, D.C. 30037	n/a	10/28/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Bankers PAC One Thomas Circle, N.W., Suite 950 Washington, D.C. 20005	n/a	10/27/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) .....

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

9802001/5000

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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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

<b>A. Full Name, Mailing Address and ZIP Code</b> Investment Mgmt. PAC 1401 H Street, N.W. Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> JM Family Enterprises PAC 190 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 12/03/97	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Lockheed Employees PAC 4500 Park Granada Blvd. Calabasas, CA 91399 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> MBNA Corp. Federal PAC 400 Christiana Road Newark, DE 19713 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Magellan Health Service Comm. 3414 Peachtree Rd., NE, Suite 1400 Atlanta, GA 30326 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/05/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Mass Mutual PAC 1295 State Street Springfield, MA 01111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Merck PAC 601 Pennsylvania Ave., NW, #1200 Washington, D.C. 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/14/97	<b>Amount of Each Receipt this Period</b> 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Minn-Dak Farmers Coop PAC Box 0 Wahpeton, ND 58075  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> NRA Political Victory Committee 1600 Rhode Island Avenue, N.W. Washington, D.C. 20036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/27/97	Amount of Each Receipt this Period 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Natl. Assoc. of Federal Credit Unions PAC P. O. Box 3769 Washington, D.C. 20007  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/27/97	Amount of Each Receipt this Period 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Natl. Society of Accountants PAC 1010 N. Fairfax Street Alexandria, VA 22314  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/05/97	Amount of Each Receipt this Period 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Natl. Venture Capital PAC 1050 17th Street, N.W. Washington, D.C. 20036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/24/97	Amount of Each Receipt this Period 2,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> New York Life PAC 51 Madison Avenue New York, NY 10010  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/17/97	Amount of Each Receipt this Period 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Owens-Corning Employees PAC Fiberglas Tower Toledo, OH 43659  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/03/97	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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5802001/502

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Penney PAC P. O. Box 227481 Dallas, TX 75272 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/17/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Pfizer PAC 235 E. 42nd Street New York, NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> PhRMA Better Govt. Committee 1100 15th Street, N.W. Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Pharmacia & Upjohn PAC 7000 Portage Road Kalamazoo, MI 49001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Phoenix Home Life PAC 1 American Row Hartford, CT 06115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Power PAC-Florida Power P. O. Box 14042 St. Petersburg, FL 33733 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/12/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Price Waterhouse PAC 1801 K Street, N.W., 7th Floor Washington, D.C. 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

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9800001/503

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Raytheon PAC 141 Spring Street Lexington, MA 02173 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/28/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Realtors PAC 430 North Michigan Avenue Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/06/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Retail PAC 325 7th Street, N.W., #1000 Washington, D.C. 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Schering-Plough Government Fund 1 Giralda Farms Madison, NJ 07940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 12/03/97	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Shaw Pittman Potts PAC 2300 N Street, N.W. Washington, D.C. 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 9/15/97	<b>Amount of Each Receipt this Period</b> 2,500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Shaw Pittman Potts PAC 2300 N Street, N.W. Washington, D.C. 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 2,500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Smith Barney Better Govt. Committee 388 Greenwich Street New York, NY 10013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/24/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> SmithKlein Beecham PAC P. O. Box 7929 Philadelphia, PA 19101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 9/29/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> So. Minn. Sugar Co-op PAC P. O. Box 500 Renville, MN 56284 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Society of Thoracic Surgeons PAC 1200 19th Street, N.W., Suite 300 Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 5,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Sun Trust Bankpac 150 South Monroe Street, Suite 200 Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Teco Energy PAC P. O. Box 111 Tampa, FL 33601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 2,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Tracor PAC 1215 Jefferson Davis Hwy., #1109 Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 10/27/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Travelers PAC One Tower Square Hartford, CT 06183 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Receipt this Period</b> 1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Tupperware PAC 14901 S. Orange Blossom Trail Orlando, FL 32837 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 7/02/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> U.S. Sugar Corp. ESOP PAC P. O. Box 1207 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> U.S. Sugar Corp. ESOP PAC P. O. Box 1207 Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,500.00	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> U.S. Surgical Corp. PAC 150 Glover Avenue Norwalk, CT 06856 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Walter Industries PAC 1500 N. Dale Mabry Tampa, FL 33631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/04/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Williams & Jensen PAC 1155 21st Street, N.W. Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> n/a <b>Occupation</b> n/a <b>Aggregate Year-to-Date</b> > \$ 1,000.00	<b>Date (month, day, year)</b> 11/10/97	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

109,000.00

9802001/506



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 14

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> U. S. Treasury  Washington, D.C.  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-income tax refund  Occupation n/a  Aggregate Year-to-Date > \$ 25,439.12	Date (month, day, year) 11/03/97	Amount of Each Receipt this Period 895.50
<b>B. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

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

895.50

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98020010507

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 15

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 7/31/97	<b>Amount of Each Receipt this Period</b> 2,764.90
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>B. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 8/29/97	<b>Amount of Each Receipt this Period</b> 2,695.13
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>C. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 9/30/97	<b>Amount of Each Receipt this Period</b> 2,935.10
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>D. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Receipt this Period</b> 2,855.28
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>E. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 11/28/97	<b>Amount of Each Receipt this Period</b> 3,099.53
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>F. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 12/31/97	<b>Amount of Each Receipt this Period</b> 3,856.52
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 33,488.15		
<b>G. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602	<b>Name of Employer</b> n/a-interest <b>Occupation</b> n/a	<b>Date (month, day, year)</b> 7/25/97	<b>Amount of Each Receipt this Period</b> 201.44
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 2,414.54		

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

9802001/5008

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 8/29/97	Amount of Each Receipt this Period 253.06
<b>B. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period 202.20
<b>C. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period 254.16
<b>D. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 11/19/97	Amount of Each Receipt this Period 138.68
<b>E. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period 81.22
<b>F. Full Name, Mailing Address and ZIP Code</b> Merrill Lynch One Tampa City Center Tampa, FL 33602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 2,414.54	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 302.72
<b>G. Full Name, Mailing Address and ZIP Code</b> U. S. Treasury Washington, DC  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > \$ 25,439.12	Date (month, day, year) 11/03/97	Amount of Each Receipt this Period 43.62

SUBTOTAL of Receipts This Page (optional) .....

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



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 18  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/01/97	Amount of Each Disbursement This Period 635.40
B. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/01/97	Amount of Each Disbursement This Period 192.68
C. Full Name, Mailing Address and ZIP Code Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	Purpose of Disbursement political consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/01/97	Amount of Each Disbursement This Period 6,656.31
D. Full Name, Mailing Address and ZIP Code Mitch B. Bainwol 8400 Cross Lake Drive Fairfax Station, FL 22039	Purpose of Disbursement reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/02/97	Amount of Each Disbursement This Period 1,352.58
E. Full Name, Mailing Address and ZIP Code Portik Illustration & Design P. O. Box 1282 Washington, D.C. 20013	Purpose of Disbursement reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/02/97	Amount of Each Disbursement This Period 346.00
F. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 82.57
G. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 219.36
H. Full Name, Mailing Address and ZIP Code K & K Enterprises, Inc. P. O. Box 4000 Lynchburg, FL 24502	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 2,215.44
I. Full Name, Mailing Address and ZIP Code Office Depot P. O. Box 182378 Columbus, OH 43218	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 40.64

SUBTOTAL of Disbursements This Page (optional) .....

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

9802001/511

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 2 OF 18  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code Pitney Bowes P. O. Box 22126 Tampa, FL 33622	Purpose of Disbursement office equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 216.68
B. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 29.15
C. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	Purpose of Disbursement office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period 33.57
D. Full Name, Mailing Address and ZIP Code Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	Purpose of Disbursement acctg. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/14/97	Amount of Each Disbursement This Period 4,674.61
E. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/16/97	Amount of Each Disbursement This Period 635.40
F. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/16/97	Amount of Each Disbursement This Period 192.68
G. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 635.40
H. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 192.68
I. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 142.34

SUBTOTAL of Disbursements This Page (optional) .....

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

9802001/512

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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**17**

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NAME OF COMMITTEE (in Full)

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> U. S. Postmaster  Tampa, FL 33601	<b>Purpose of Disbursement</b> <b>postage</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 7/22/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	<b>Purpose of Disbursement</b> <b>delivery expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 7/22/97	<b>Amount of Each Disbursement This Period</b> 13.26
<b>C. Full Name, Mailing Address and ZIP Code</b> U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	<b>Purpose of Disbursement</b> <b>meeting expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 7/29/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	<b>Purpose of Disbursement</b> <b>reception expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 7/29/97	<b>Amount of Each Disbursement This Period</b> 604.50
<b>E. Full Name, Mailing Address and ZIP Code</b> A T & T P. O. Box 105501 Atlanta, GA 30348	<b>Purpose of Disbursement</b> <b>telephone expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 25.40
<b>F. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	<b>Purpose of Disbursement</b> <b>office rent</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 646.49
<b>G. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	<b>Purpose of Disbursement</b> <b>parking</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 27.82
<b>H. Full Name, Mailing Address and ZIP Code</b> GTE 610 Morgan St. Tampa, FL 33602	<b>Purpose of Disbursement</b> <b>telephone expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 190.43
<b>I. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	<b>Purpose of Disbursement</b> <b>political consulting</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 7,229.39

SUBTOTAL of Disbursements This Page (optional) .....

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> The Lukens Company 2800 Shirlington Road Arlington, VA 22206	<b>Purpose of Disbursement</b> direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 4,026.69
<b>B. Full Name, Mailing Address and ZIP Code</b> Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	<b>Purpose of Disbursement</b> office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 20.97
<b>C. Full Name, Mailing Address and ZIP Code</b> W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 21.68
<b>D. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/07/97	<b>Amount of Each Disbursement This Period</b> 30.72
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	<b>Purpose of Disbursement</b> acctg. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Disbursement This Period</b> 5,486.52
<b>F. Full Name, Mailing Address and ZIP Code</b> Mitch B. Bainwol 8400 Cross Lake Drive Fairfax Station, FL 22039	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/12/97	<b>Amount of Each Disbursement This Period</b> 1,104.08
<b>G. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/15/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>H. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/15/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>I. Full Name, Mailing Address and ZIP Code</b> Lansdowne Resort 44050 Woodridge Pkwy. Leesburg, VA 20176	<b>Purpose of Disbursement</b> meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 8/19/97	<b>Amount of Each Disbursement This Period</b> 823.44

SUBTOTAL of Disbursements This Page (optional) .....

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### ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

## Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Southwest Publishing 2600 N.W. Topeka Blvd. Topeka, KS 66617	Purpose of Disbursement <b>postage</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/25/97	Amount of Each Disbursement This Period 1,106.46
<b>B. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement <b>salary</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 635.40
<b>C. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement <b>payroll taxes</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 192.68
<b>D. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement <b>office rent</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 646.49
<b>E. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement <b>parking</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 27.82
<b>F. Full Name, Mailing Address and ZIP Code</b> A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement <b>telephone expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 50.68
<b>G. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement <b>delivery expense</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 14.28
<b>H. Full Name, Mailing Address and ZIP Code</b> The Lukens Company 2800 Shirlington Road Arlington, VA 22206	Purpose of Disbursement <b>direct mail services</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/97	Amount of Each Disbursement This Period 83.57
<b>I. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	Purpose of Disbursement <b>political consulting</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/29/97	Amount of Each Disbursement This Period 6,000.00

**TOTAL This Period (last page this line number only)** .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> GTE 610 Morgan St. Tampa, FL 33602	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/04/97	<b>Amount of Each Disbursement This Period</b> 231.70
<b>B. Full Name, Mailing Address and ZIP Code</b> W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/04/97	<b>Amount of Each Disbursement This Period</b> 336.04
<b>C. Full Name, Mailing Address and ZIP Code</b> Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	<b>Purpose of Disbursement</b> office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/04/97	<b>Amount of Each Disbursement This Period</b> 20.97
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	<b>Purpose of Disbursement</b> acctg. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/10/97	<b>Amount of Each Disbursement This Period</b> 2,812.29
<b>E. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/11/97	<b>Amount of Each Disbursement This Period</b> 132.33
<b>F. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/16/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>G. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/16/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>H. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	<b>Purpose of Disbursement</b> delivery expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/18/97	<b>Amount of Each Disbursement This Period</b> 75.00
<b>I. Full Name, Mailing Address and ZIP Code</b> The Lukens Company 2800 Shirlington Road Arlington, VA 22206	<b>Purpose of Disbursement</b> direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/18/97	<b>Amount of Each Disbursement This Period</b> 3,116.17

**SUBTOTAL** of Disbursements This Page (optional) .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/18/97	<b>Amount of Each Disbursement This Period</b> 312.05
<b>B. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 651.00
<b>C. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 606.00
<b>D. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 348.00
<b>E. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 348.00
<b>F. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 143.21
<b>G. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 1,099.00
<b>H. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/22/97	<b>Amount of Each Disbursement This Period</b> 294.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Scott Barnhart 517 Hart Senate Office Bldg. Washington, D.C. 20510	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/23/97	<b>Amount of Each Disbursement This Period</b> 194.46

**SUBTOTAL** of Disbursements This Page (optional) .....

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/23/97	Amount of Each Disbursement This Period 127.10
B. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/25/97	Amount of Each Disbursement This Period 644.97
C. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/25/97	Amount of Each Disbursement This Period 27.76
D. Full Name, Mailing Address and ZIP Code Kwik Kopy 4920 W. Cypress Tampa, FL 33607	Purpose of Disbursement printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/25/97	Amount of Each Disbursement This Period 3,207.49
E. Full Name, Mailing Address and ZIP Code Office Depot P. O. Box 182378 Columbus, OH 43218	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/25/97	Amount of Each Disbursement This Period 130.66
F. Full Name, Mailing Address and ZIP Code U. S. Postmaster  Tampa, FL 33601	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/26/97	Amount of Each Disbursement This Period 1,800.00
G. Full Name, Mailing Address and ZIP Code Florida Dept. of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399	Purpose of Disbursement income taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/97	Amount of Each Disbursement This Period 1,410.00
H. Full Name, Mailing Address and ZIP Code Direct Mail Productions 340 Scarlett Road Oldsmar, FL 34677	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/97	Amount of Each Disbursement This Period 876.18
I. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 635.40

SUBTOTAL of Disbursements This Page (optional) .....

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09/20/97 1/5/98

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/01/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>B. Full Name, Mailing Address and ZIP Code</b> A T & T P. O. Box 105501 Atlanta, GA 30348	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/02/97	<b>Amount of Each Disbursement This Period</b> 94.56
<b>C. Full Name, Mailing Address and ZIP Code</b> Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	<b>Purpose of Disbursement</b> printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/02/97	<b>Amount of Each Disbursement This Period</b> 1,465.90
<b>D. Full Name, Mailing Address and ZIP Code</b> U. S. Postmaster  Tampa, FL 33601	<b>Purpose of Disbursement</b> postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/02/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	<b>Purpose of Disbursement</b> office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/02/97	<b>Amount of Each Disbursement This Period</b> 20.97
<b>F. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	<b>Purpose of Disbursement</b> political consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/06/97	<b>Amount of Each Disbursement This Period</b> 6,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 105.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Direct Mail Productions 340 Scarlett Road Oldsmar, FL 34677	<b>Purpose of Disbursement</b> direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 369.03
<b>I. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	<b>Purpose of Disbursement</b> delivery expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 153.00

SUBTOTAL of Disbursements This Page (optional) .....

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9802001/519

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> GTE 610 Morgan St. Tampa, FL 33602	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 208.89
<b>B. Full Name, Mailing Address and ZIP Code</b> Pitney Bowes P. O. Box 22126 Tampa, FL 33622	<b>Purpose of Disbursement</b> equipment expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 226.18
<b>C. Full Name, Mailing Address and ZIP Code</b> U. S. Postmaster  Tampa, FL 33601	<b>Purpose of Disbursement</b> postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 127.56
<b>E. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>F. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>G. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 33.93
<b>H. Full Name, Mailing Address and ZIP Code</b> Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	<b>Purpose of Disbursement</b> acctg. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 2,564.75
<b>I. Full Name, Mailing Address and ZIP Code</b> Red Hot & Blue 1600 Wilson Blvd. Arlington, VA 22209	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/23/97	<b>Amount of Each Disbursement This Period</b> 1,094.69

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/27/97	Amount of Each Disbursement This Period 459.24
B. Full Name, Mailing Address and ZIP Code Scott Barnhart 517 Hart Senate Office Bldg. Washington, D.C. 20510	Purpose of Disbursement reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/27/97	Amount of Each Disbursement This Period 120.00
C. Full Name, Mailing Address and ZIP Code Gateway 2000 707 D Street, N.W. Washington, D.C. 20004	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 1,104.40
D. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 114.13
E. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 644.97
F. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 27.16
G. Full Name, Mailing Address and ZIP Code B-Hive Award Center 1810 N. Hercules Avenue Clearwater, FL 34825	Purpose of Disbursement reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 703.53
H. Full Name, Mailing Address and ZIP Code Direct Mail Productions 340 Scarlett Road Oldsmar, FL 34677	Purpose of Disbursement direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 369.03
I. Full Name, Mailing Address and ZIP Code The Lukens Company 2800 Shirlington Road Arlington, VA 22206	Purpose of Disbursement direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 5,560.03

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Office Depot P. O. Box 182378 Columbus, OH 43218	<b>Purpose of Disbursement</b> office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 19.18
<b>B. Full Name, Mailing Address and ZIP Code</b> U. S. Postmaster Tampa, FL 33601	<b>Purpose of Disbursement</b> postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>D. Full Name, Mailing Address and ZIP Code</b> Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	<b>Purpose of Disbursement</b> office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 3.40
<b>E. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>F. Full Name, Mailing Address and ZIP Code</b> Alamo Jet, Inc. 2665 Oak Ridge Court Ft. Myers, FL 33901	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Disbursement This Period</b> 1,709.28
<b>G. Full Name, Mailing Address and ZIP Code</b> Natl Republican Cong Committee 320 First St., S.E. Washington, DC 20003	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/31/97	<b>Amount of Each Disbursement This Period</b> 900.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	<b>Purpose of Disbursement</b> political consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/03/97	<b>Amount of Each Disbursement This Period</b> 6,788.85
<b>I. Full Name, Mailing Address and ZIP Code</b> U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/03/97	<b>Amount of Each Disbursement This Period</b> 42.78

**SUBTOTAL of Disbursements This Page (optional)** .....

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)**

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/14/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>B. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	<b>Purpose of Disbursement</b> delivery expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Disbursement This Period</b> 189.75
<b>C. Full Name, Mailing Address and ZIP Code</b> Ridgewell's Caterer, Inc. 5525 Dorsey Lane Bethesda, MD 20816	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Disbursement This Period</b> 1,053.98
<b>D. Full Name, Mailing Address and ZIP Code</b> Lanier Worldwide, Inc. P. O. Box 105533 Atlanta, GA 30348	<b>Purpose of Disbursement</b> office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/20/97	<b>Amount of Each Disbursement This Period</b> 399.32
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	<b>Purpose of Disbursement</b> acctg. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/21/97	<b>Amount of Each Disbursement This Period</b> 3,430.24
<b>F. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>G. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/01/97	<b>Amount of Each Disbursement This Period</b> 192.68
<b>H. Full Name, Mailing Address and ZIP Code</b> U. S. Postmaster  Tampa, FL 33601	<b>Purpose of Disbursement</b> postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Mitch B. Bainwol 8400 Cross Lake Drive Fairfax Station, FL 22039	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 855.94

**SUBTOTAL** of Disbursements This Page (optional) .....

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	<b>Purpose of Disbursement</b> political consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 6,860.77
<b>B. Full Name, Mailing Address and ZIP Code</b> W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 1,445.55
<b>C. Full Name, Mailing Address and ZIP Code</b> Giovanni Photography 1381 Airport Road, N. Naples, FL 34104	<b>Purpose of Disbursement</b> photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 397.50
<b>D. Full Name, Mailing Address and ZIP Code</b> A T & T P. O. Box 105501 Atlanta, GA 30348	<b>Purpose of Disbursement</b> telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 238.38
<b>E. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	<b>Purpose of Disbursement</b> parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 27.76
<b>F. Full Name, Mailing Address and ZIP Code</b> Austin Development Co. P. O. Box 22197 Tampa, FL 33622	<b>Purpose of Disbursement</b> office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 645.57
<b>G. Full Name, Mailing Address and ZIP Code</b> Office Depot P. O. Box 182378 Columbus, OH 43218	<b>Purpose of Disbursement</b> office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/04/97	<b>Amount of Each Disbursement This Period</b> 191.36
<b>H. Full Name, Mailing Address and ZIP Code</b> Direct Mail Productions 340 Scarlett Road Oldsmar, FL 34677	<b>Purpose of Disbursement</b> postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/09/97	<b>Amount of Each Disbursement This Period</b> 2,100.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	<b>Purpose of Disbursement</b> delivery expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/11/97	<b>Amount of Each Disbursement This Period</b> 100.75

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/11/97	Amount of Each Disbursement This Period 527.14
B. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	Purpose of Disbursement office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/11/97	Amount of Each Disbursement This Period 21.35
C. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/11/97	Amount of Each Disbursement This Period 224.84
D. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/11/97	Amount of Each Disbursement This Period 366.48
E. Full Name, Mailing Address and ZIP Code Capital Mailing Services 12200 Old Baltimore Road Beltsville, MD 20705	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/11/97	Amount of Each Disbursement This Period 2,933.35
F. Full Name, Mailing Address and ZIP Code Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	Purpose of Disbursement acctng. & mgmt. services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 3,010.04
G. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/16/97	Amount of Each Disbursement This Period 635.40
H. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/16/97	Amount of Each Disbursement This Period 192.68
I. Full Name, Mailing Address and ZIP Code Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	Purpose of Disbursement reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/18/97	Amount of Each Disbursement This Period 384.03

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	<b>Purpose of Disbursement</b> printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/18/97	<b>Amount of Each Disbursement This Period</b> 111.02
<b>B. Full Name, Mailing Address and ZIP Code</b> Lanier Worldwide, Inc. P. O. Box 105533 Atlanta, GA 30348	<b>Purpose of Disbursement</b> office equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/18/97	<b>Amount of Each Disbursement This Period</b> 656.51
<b>C. Full Name, Mailing Address and ZIP Code</b> Sheraton Grand Hotel 4860 W. Kennedy Blvd. Tampa, FL 33609	<b>Purpose of Disbursement</b> reception expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/18/97	<b>Amount of Each Disbursement This Period</b> 12,862.13
<b>D. Full Name, Mailing Address and ZIP Code</b> Dell Computer Corp. One Dell Way Round Rock, TX 78682	<b>Purpose of Disbursement</b> office equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Disbursement This Period</b> 2,971.91
<b>E. Full Name, Mailing Address and ZIP Code</b> Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	<b>Purpose of Disbursement</b> survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Disbursement This Period</b> 24,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Florida Dept. of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399	<b>Purpose of Disbursement</b> income taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Disbursement This Period</b> 1,440.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Direct Mail Productions 340 Scarlett Road Oldsmar, FL 34677	<b>Purpose of Disbursement</b> direct mail services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/23/97	<b>Amount of Each Disbursement This Period</b> 3,422.20
<b>H. Full Name, Mailing Address and ZIP Code</b> Judy W. Wilson 2685 Cypress Bend Drive Clearwater, FL 33761	<b>Purpose of Disbursement</b> salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/31/97	<b>Amount of Each Disbursement This Period</b> 635.40
<b>I. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/31/97	<b>Amount of Each Disbursement This Period</b> 192.68

SUBTOTAL of Disbursements This Page (optional) .....

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
**17**

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NAME OF COMMITTEE (in Full)

**Friends of Connie Mack**

<b>A. Full Name, Mailing Address and ZIP Code</b> Bank of Tampa P. O. Box 1 Tampa, FL 33601	<b>Purpose of Disbursement</b> <b>deposit slip printing</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 12/31/97	<b>Amount of Each Disbursement This Period</b> 21.54
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**185,030.11**

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 20a

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**NAME OF COMMITTEE (in Full)**

Friends of Connie Mack

<b>A. Full Name, Mailing Address and ZIP Code</b> Charles L. Grannon 248 Kay Palm Road Boca Raton, FL 33432	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 9/04/97	<b>Amount of Each Disbursement This Period</b> 850.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/10/97	<b>Amount of Each Disbursement This Period</b> 250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Alan J. Kluger 1000 W. Island Blvd., #2909 Williams Island, FL 33160	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert Cade 529 N.W. 58th Street Gainesville, FL 32607	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/16/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Meryl Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 600.00
<b>F. Full Name, Mailing Address and ZIP Code</b> David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 400.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Paula Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Ellice McDonald, Jr. 3801 Kennett Pike, C-300 Greenville, DE 19807	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Robert Cade 529 N.W. 58th Street Gainesville, FL 32607	<b>Purpose of Disbursement</b> contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/13/97	<b>Amount of Each Disbursement This Period</b> 500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER  
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## NAME OF COMMITTEE (in Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Meryl Eriksson 7148 Estero Blvd., #321 Ft. Myers Beach, FL 33931	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/97	200.00
B. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/97	2,000.00
C. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/97	200.00
D. Full Name, Mailing Address and ZIP Code Preston A. Wells, Jr. P. O. Box 1720 Ft. Lauderdale, FL 33302	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/97	100.00
F. Full Name, Mailing Address and ZIP Code Jeno Paulucci 201 W. First Street Sanford, FL 32771	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/04/97	250.00
G. Full Name, Mailing Address and ZIP Code Frederick M. Rothenberg 1817 Bayshore Blvd. Tampa, FL 33606	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/97	100.00
H. Full Name, Mailing Address and ZIP Code Richard H. Vaughan 1848 Southpointe Drive Sarasota, FL 34231	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/97	1,000.00
I. Full Name, Mailing Address and ZIP Code Akshay Desai 8498 Tallahassee Drive, N.E. St. Petersburg, FL 33702	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/97	100.00

SUBTOTAL of Disbursements This Page (optional) .....

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **3** OF **3**  
FOR LINE NUMBER  
**20a**

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**NAME OF COMMITTEE (In Full)**

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David J. Burke 17070 Ranho Street Encino, CA 91316	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/97	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

10,800.00

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement non-Federal contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Jeb Bush for Governor 9200 S. Dadeland Blvd. Miami, FL 33154	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

500.00

**PAMELA B. GAVIN**  
**SUPERINTENDENT**  
**HART BUILDING**  
**SUITE 232**  
**WASHINGTON, DC 20510-7116**  
**PHONE: 202-224-0322**

**OFFICE OF PUBLIC RECORDS**

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**INSIDE MAIL**

**Date of Receipt**

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Date of Receipt

**RECEIVED FROM THE FEDERAL ELECTION COMMISSION**

Date of Receipt

**FIRST CLASS MAIL**  
Postmarked

✓ **REGISTERED/CERTIFIED MAIL** 1/12/98  
Postmarked

**NO POSTMARK**

**POSTMARK ILLEGIBLE**

**OTHER (Specify):** \_\_\_\_\_

**Postmark and/or Date of Receipt**

DM 1/16/98  
Preparer Date Prepared

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