REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC SECRETARY OF THE SENATE
93 JUL 27 PM 3:17
HAND DELIVERED

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
FRIENDS OF CONNIE MACK

ADDRESS (number and street) ☐ Check if different than previously reported.
c/o 610 S. Boulevard, Suite 100

CITY, STATE and ZIP CODE — STATE/DISTRICT
Tampa, FL 33606 — Florida

2. FEC IDENTIFICATION NUMBER ☐
C00218230

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☒ July 31 Mid-Year Report (Non-election Year Only)
- ☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- ☐ Thirtieth day report following the General Election on _____ in the State of _____
- ☐ Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1/1/93 through 6/30/93		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	1,175,499.41	1,175,499.41
	(b) Total Contribution Refunds (from Line 20(d))	27,293.09	27,293.09
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	1,148,206.32	1,148,206.32
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	352,051.27	352,051.27
	(b) Total Offsets to Operating Expenditures (from Line 14)	1,053.50	1,053.50
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	350,997.77	350,997.77
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1,256,796.22	
9.	Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	4,682.00	
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 202-376-3120

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
7/26/93

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

93020070423

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:		
FRIENDS OF CONNIE MACK	From: 1/1/93	To: 6/30/93	
I. RECEIPTS	**COLUMN A Total This Period**	**COLUMN B Calendar Year-To-Date**	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	687,319.99		11(a)(i)
(ii) Unitemized	244,391.41		11(a)(ii)
(iii) Total of contributions from individuals	931,711.40	931,711.40	11(a)(iii)
(b) Political Party Committees	-0-	-0-	11(b)
(c) Other Political Committees (such as PACs)	243,788.01	243,788.01	11(c)
(d) The Candidate	-0-	-0-	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	1,175,499.41	1,175,499.41	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.	41,373.02	41,373.02	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-0-	-0-	13(a)
(b) All Other Loans	-0-	-0-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,053.50	1,053.50	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	5,351.30	5,351.30	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	1,223,277.23	1,223,277.23	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	352,051.27	352,051.27	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.	-0-	-0-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-0-	-0-	19(a)
(b) Of All Other Loans	-0-	-0-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	26,093.09	26,093.09	20(a)
(b) Political Party Committees	-0-	-0-	20(b)
(c) Other Political Committees (such as PACs)	1,200.00	1,200.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	27,293.09	27,293.09	20(d)
21. OTHER DISBURSEMENTS	1,000.00	1,000.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	380,344.36	380,344.36	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 413,863.35	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 1,223,277.23	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 1,637,140.58	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	$ 380,344.36	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	$ 1,256,796.22	27

9302007424

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200704 25

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ben R. Adams P. O. Box 1364 Auburndale, FL 33823	Gapway Groves Corp.	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: vice-president	Aggregate Year-to-Date > $	750.00
B. Full Name, Mailing Address and ZIP Code Ben R. Adams P. O. Box 1364 Auburndale, FL 33823	Gapway Groves Corp.	5/06/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: vice-president	Aggregate Year-to-Date > $	750.00
C. Full Name, Mailing Address and ZIP Code Jay Adams Post Office Drawer 70 Daytona Beach, FL 32015	Hilb Rogal & Hamilton	1/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $	1,500.00
D. Full Name, Mailing Address and ZIP Code Jay Adams Post Office Drawer 70 Daytona Beach, FL 32015	Hilb Rogal & Hamilton	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $	1,500.00
E. Full Name, Mailing Address and ZIP Code Jay Adams Post Office Drawer 70 Daytona Beach, FL 32015	Hilb Rogal & Hamilton	6/07/93	(950.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $	1,500.00
F. Full Name, Mailing Address and ZIP Code Jay Adams Post Office Drawer 70 Daytona Beach, FL 32015	Hilb Rogal & Hamilton	6/07/93	950.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $	1,500.00
G. Full Name, Mailing Address and ZIP Code James L. Adams, Jr. 1430 W. Memorial Blvd. Lakeland, FL 33801	Jim Adams Ford, Inc.	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	250.00

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

930200704 26

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward C. Adkins 3938 Venetian Drive Tampa, FL 33634	Adkins & Kise, PA	6/07/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	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**
Haskell T. Adler 2627 N. Dundee Tampa, FL 33629	Dean Witter Reynolds	5/27/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: stock broker	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pedro Adrian 2460 S.W. 137th Avenue, #238 Miami, FL 33175	Adrian Inv. Corp.	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Liaquat E. Aldulali 8454 N.W. 31st Court Sunrise, FL 33351	information requested	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
Elizabeth A. Alger 18001 S.W. 285th Street Homestead, FL 33030	n/a	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jean-Marc Allard 1420 Via Tuscany Winter Park, FL 32789	Hubbard Construction	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jean-Marc Allard 1420 Via Tuscany Winter Park, FL 32789	Hubbard Construction	6/30/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman	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**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Jean-Marc Allard 1420 Via Tuscany Winter Park, FL 32789 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Hubbard Construction Occupation chairman Aggregate Year-to-Date > $ 500.00	6/30/93	500.00 redesignated
B. Full Name, Mailing Address and ZIP Code William H. Allen, Jr. 200 S.E. First Street Miami, FL 33131 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Intercontinental Bank Occupation chairman of the board Aggregate Year-to-Date > $ 250.00	6/09/93	250.00
C. Full Name, Mailing Address and ZIP Code Thomas J. Allred, M.D. P. O. Box 17625 West Palm Beach, FL 33416 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Derrick & Assoc. Occupation physician Aggregate Year-to-Date > $ 350.00	2/18/93	250.00
D. Full Name, Mailing Address and ZIP Code Thomas J. Allred, M.D. P. O. Box 17625 West Palm Beach, FL 33416 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Derrick & Assoc. Occupation physician Aggregate Year-to-Date > $ 350.00	3/31/93	100.00
E. Full Name, Mailing Address and ZIP Code William G. Allyn 50 Sixth Ave. N. Naples, FL 33940 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 300.00	1/13/93	100.00
F. Full Name, Mailing Address and ZIP Code William G. Allyn 50 Sixth Ave. N. Naples, FL 33940 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 300.00	3/29/93	100.00
G. Full Name, Mailing Address and ZIP Code William G. Allyn 50 Sixth Ave. N. Naples, FL 33940 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 300.00	5/06/93	100.00

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Manuel A. Alzugardy, M.D. 5133 Donatello Street Coral Gables, FL 33146 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 500.00	1/12/93	500.00
B. Full Name, Mailing Address and ZIP Code Raymond M. Ambrose, Jr. 400 Herndon Avenue, Suite 108 Orlando, FL 32803 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Air Orlando Occupation: aviation Aggregate Year-to-Date > $ 500.00	6/02/93	500.00
C. Full Name, Mailing Address and ZIP Code Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 400.00	4/07/93	400.00
D. Full Name, Mailing Address and ZIP Code Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 400.00	5/12/93	(300.00) redesignated
E. Full Name, Mailing Address and ZIP Code Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245 Receipt For: [ ] Primary [X] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 400.00	5/12/93	300.00 redesignated
F. Full Name, Mailing Address and ZIP Code Dr. Stephen Anderson 1353 74th Circle, N.E. St. Petersburg, FL 33702 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gateway Radiology Occupation: physician Aggregate Year-to-Date > $ 250.00	2/25/93	250.00
G. Full Name, Mailing Address and ZIP Code Dr. Stephen Anderson 1353 74th Circle, N.E. St. Petersburg, FL 33702 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Gateway Radiology Occupation: physician Aggregate Year-to-Date > $ 250.00	3/07/93	(100.00) redesignated

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

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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
Dr. Stephen Anderson 1353 74th Circle, N.E. St. Petersburg, FL 33702	Gateway Radiology	3/07/93	100.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: physician	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**
O. John Anderson 380 Island Creek Drive Vero Beach, FL 32960	self-employed	3/29/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: financial consultant	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William C. Anderson 2530 N.E. 43rd Street Ft. Lauderdale, FL 33308	self-employed	6/21/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: mobel home park owner	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norman H. Anderson, M.D. 2020 S.E. 17th Street Ocala, FL 34471	Oncology Inst.	6/03/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
D. Inez Andreas 9909 Collins Avenue Miami Beach, FL 33154	Barry University	3/15/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dwayne O. Andreas 9909 Collins Avenue Miami Beach, FL 33154	Archer Daniels	3/15/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William A. Andres 5075 Joewood Drive Sanibel, FL 33957	n/a	3/30/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	3/15/93 725.00	250.00
B. $ Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	4/09/93 725.00	(250.00) redesignated
C. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [ ] Primary [X] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	4/09/93 725.00	250.00 redesignated
D. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	4/12/93 725.00	250.00
E. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	5/10/93 725.00	(250.00) redesignated
F. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [ ] Primary [X] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	5/10/93 725.00	250.00 redesignated
G. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $	6/09/93 725.00	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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	6/29/93 725.00	(275.00) reattributed
B. Jean H. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	6/29/93 275.00	275.00 reattributed
C. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	6/29/93 725.00	(225.00) redesignated
D. Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	6/29/93 725.00	225.00 redesignated
E. Herbert K. Anspach 2760 N.W. 29th Drive Boca Raton, FL 33434 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed commodities trader Aggregate Year-to-Date > $	2/22/93 450.00	250.00
F. Herbert K. Anspach 2760 N.W. 29th Drive Boca Raton, FL 33434 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed commodities trader Aggregate Year-to-Date > $	4/05/93 450.00	200.00
G. Herbert K. Anspach 2760 N.W. 29th Drive Boca Raton, FL 33434 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed commodities trader Aggregate Year-to-Date > $	5/13/93 450.00	(200.00) redesignated

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

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

9302007043 1

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Herbert K. Anspach 2760 N.W. 29th Drive Boca Raton, FL 33434 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation commodities trader Aggregate Year-to-Date > $ 450.00	5/13/93	200.00 redesignated
B. Full Name, Mailing Address and ZIP Code Rodrigo Arboleda 611 N. Mashia Drive Key Biscayne, FL 33149 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tampa Airlines Occupation general manager Aggregate Year-to-Date > $ 500.00	1/28/93	500.00
C. Full Name, Mailing Address and ZIP Code Ann G. Archer P. O. Box 712 Fairfield, FL 32634 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 400.00	3/15/93	400.00
D. Full Name, Mailing Address and ZIP Code Conchy Perdomo Argiz 217 Vistalmar Street Coral Gables, FL 33143 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	6/09/93	500.00
E. Full Name, Mailing Address and ZIP Code Luis Arrizurieta 1300 W. 84th Street Hialeah, FL 33014 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Suave Shoes Occupation ceo Aggregate Year-to-Date > $ 1,500.00	1/12/93	500.00
F. Full Name, Mailing Address and ZIP Code Luis Arrizurieta 1300 W. 84th Street Hialeah, FL 33014 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Suave Shoes Occupation ceo Aggregate Year-to-Date > $ 1,500.00	5/05/93	500.00
G. Full Name, Mailing Address and ZIP Code Luis Arrizurieta 1300 W. 84th Street Hialeah, FL 33014 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Suave Shoes Occupation ceo Aggregate Year-to-Date > $ 1,500.00	5/05/93	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

A. Full Name, Mailing Address and ZIP Code Luis Arrizurieta 1300 W. 84th Street Hialeah, FL 33014 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Suave Shoes Occupation ceo Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 6/10/93	Amount of Each Receipt this Period (500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Luis Arrizurieta 1300 W. 84th Street Hialeah, FL 33014 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Suave Shoes Occupation ceo Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 6/10/93	Amount of Each Receipt this Period 500.00 redesignated
C. Full Name, Mailing Address and ZIP Code Fuad S. Ashkar, M.D. 6500 S.W. 79th Court Miami, FL 33143 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/12/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Ronald G. Assaf 21095 Hamlin Drive Boca Raton, FL 33433 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Sensormatic Elec. Occupation president Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/19/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Ronald G. Assaf 21095 Hamlin Drive Boca Raton, FL 33433 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Sensormatic Elec. Occupation president Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Ronald G. Assaf 21095 Hamlin Drive Boca Raton, FL 33433 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Sensormatic Elec. Occupation president Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 6/10/93	Amount of Each Receipt this Period (1,000.00) redesignated
G. Full Name, Mailing Address and ZIP Code Ronald G. Assaf 21095 Hamlin Drive Boca Raton, FL 33433 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Sensormatic Elec. Occupation president Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 6/10/93	Amount of Each Receipt this Period 1,000.00 redesignated

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Jose I. Astigarraga 4000 First Union Center Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year): 5/11/93	Amount of Each Receipt this Period: 250.00
B. Full Name, Mailing Address and ZIP Code Alfred S. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: The Austin Companies Occupation: developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/10/93	Amount of Each Receipt this Period: 680.00
C. Full Name, Mailing Address and ZIP Code Alfred S. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: The Austin Companies Occupation: developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 4/12/93	Amount of Each Receipt this Period: (680.00) redesignated
D. Full Name, Mailing Address and ZIP Code Alfred S. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: The Austin Companies Occupation: developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 4/12/93	Amount of Each Receipt this Period: 680.00 redesignated
E. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 2/17/93	Amount of Each Receipt this Period: 660.00
F. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/10/93	Amount of Each Receipt this Period: 20.00
G. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/12/93	Amount of Each Receipt this Period: (660.00) redesignated
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 660.00 redesignated
B. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 4/09/93	Amount of Each Receipt this Period (20.00) redesignated
C. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4617 San Miguel Tampa, FL 33629 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 4/09/93	Amount of Each Receipt this Period 20.00 redesignated
D. Full Name, Mailing Address and ZIP Code G. William Austin P. O. Box 2253 Orlando, FL 32802 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer L. C. Herring & Co. Occupation owner/manager Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 680.00
E. Full Name, Mailing Address and ZIP Code Fred C. Babcock Star Route A, Box 71-A Punta Gorda, FL 32892 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Babcock Lumber Co. Occupation chairman Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/13/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code R. Huston Babcock, M.D. 741 12th Street, North St. Petersburg, FL 33705 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 240.00	Date (month, day, year) 2/19/93	Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code R. Huston Babcock, M.D. 741 12th Street, North St. Petersburg, FL 33705 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 240.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period (240.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code R. Huston Babcock, M.D. 741 12th Street, North St. Petersburg, FL 33705 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 240.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period 240.00 redesignated
B. Full Name, Mailing Address and ZIP Code R. Huston Babcock, M.D. 741 12th Street, North St. Petersburg, FL 33705 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 240.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 240.00
C. Full Name, Mailing Address and ZIP Code Louis C. Bachrodt, III 3095 N.W. 30th Way Boca Raton, FL 33431 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lou Bahrodt Chevrolet Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/21/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Louis C. Bachrodt, III 3095 N.W. 30th Way Boca Raton, FL 33431 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lou Bahrodt Chevrolet Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period (300.00) redesignated
E. Full Name, Mailing Address and ZIP Code Louis C. Bachrodt, III 3095 N.W. 30th Way Boca Raton, FL 33431 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Lou Bahrodt Chevrolet Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period 300.00 redesignated
F. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 1/22/93	Amount of Each Receipt this Period 230.00
G. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (230.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 230.00 redesignated
B. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 2/26/93	Amount of Each Receipt this Period 430.00
C. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 3/04/93	Amount of Each Receipt this Period (430.00) redesignated
D. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Aggregate Year-to-Date > $ 660.00	Date (month, day, year) 3/04/93	Amount of Each Receipt this Period 430.00 redesignated
E. Full Name, Mailing Address and ZIP Code Richard J. Bagby 651 Pinetree Road Winter Park, FL 32792 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Mark F. Bailey One 16th Street, Unit C St. Augustine, FL 32084 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Thompson Bailey Occupation insurance agenet Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code J. Richard Baker, Sr. 6521 Christopher Point Rd., W. Jacksonville, FL 32217 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/28/93	Amount of Each Receipt this Period 1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Thomas Oren Bales, Jr. 430 Loretto Avenue Coral Gables, FL 33146 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Thomas Oren Bales, Jr. 430 Loretto Avenue Coral Gables, FL 33146 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 7/18/93	Amount of Each Receipt this Period (1,000.00) redesignated
C. Full Name, Mailing Address and ZIP Code Thomas Oren Bales, Jr. 430 Loretto Avenue Coral Gables, FL 33146 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 7/18/93	Amount of Each Receipt this Period 1,000.00 redesignated
D. Full Name, Mailing Address and ZIP Code Rabbi Milton Balkany 5402 15th Ave. Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bais Yaakov of Brklyn Occupation dean Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/11/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Rabbi Milton Balkany 5402 15th Ave. Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bais Yaakov of Brklyn Occupation dean Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/11/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Rabbi Milton Balkany 5402 15th Ave. Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bais Yaakov of Brklyn Occupation dean Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/25/93	Amount of Each Receipt this Period (1,000.00) redesignated
G. Full Name, Mailing Address and ZIP Code Rabbi Milton Balkany 5402 15th Ave. Brooklyn, NY 11219 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Bais Yaakov of Brklyn Occupation dean Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/25/93	Amount of Each Receipt this Period 1,000.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Sara Balkany 5402 15th Avenue Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 2,000.00	2/11/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Sara Balkany 5402 15th Avenue Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 2,000.00	2/11/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Sara Balkany 5402 15th Avenue Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 2,000.00	2/25/93	(1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Sara Balkany 5402 15th Avenue Brooklyn, NY 11219 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 2,000.00	2/25/93	1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code James T. Barnes, Jr. 1031 W. Mase Blvd., Suite 300 Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Midland Mortgage Occupation: banker Aggregate Year-to-Date > $ 330.00	6/14/93	330.00
F. Full Name, Mailing Address and ZIP Code James T. Barnes, Jr. 1031 W. Mase Blvd., Suite 300 Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Midland Mortgage Occupation: banker Aggregate Year-to-Date > $ 330.00	6/25/93	(330.00) redesignated
G. Full Name, Mailing Address and ZIP Code James T. Barnes, Jr. 1031 W. Mase Blvd., Suite 300 Winter Park, FL 32789 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Midland Mortgage Occupation: banker Aggregate Year-to-Date > $ 330.00	6/25/93	330.00 redesignated

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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
Carol Jenkins Barnett 531 Lone Palm Drive Lakeland, FL 33801	n/a	4/27/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	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**
Carol Jenkins Barnett 531 Lone Palm Drive Lakeland, FL 33801	n/a	5/12/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	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**
Carol Jenkins Barnett 531 Lone Palm Drive Lakeland, FL 33801	n/a	5/12/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: housewife	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**
Hoyt R. Barnett 531 Lone Palm Drive Lakeland, FL 33801	Publix	4/14/93	680.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: vice-president	Aggregate Year-to-Date > $ 680.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Z. Barnhart 13575 Sandy Key Drive, Unit 716 Pensacola, FL 32507	n/a	3/09/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. H. Baroco 3000 Blackshear Avenue Pensacola, FL 32503	n/a	2/12/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 800.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. H. Baroco 3000 Blackshear Avenue Pensacola, FL 32503	n/a	3/12/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 800.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code J. H. Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 400.00 redesignated
B. Full Name, Mailing Address and ZIP Code J. H. Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/12/93	Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period (400.00) redesignated
E. Full Name, Mailing Address and ZIP Code Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 400.00 redesignated
F. Full Name, Mailing Address and ZIP Code Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code J. H. Baroco, Jr. 3291 Seville Drive Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Baroco Electric Co. Occupation owner Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 800.00
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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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 Peter C. Barr 514 Palmer Street Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Fry/Hammond/Barr Occupation advertising Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/02/93	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Peter C. Barr 514 Palmer Street Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Fry/Hammond/Barr Occupation advertising Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period (400.00) redesignated
C. Full Name, Mailing Address and ZIP Code Peter C. Barr 514 Palmer Street Orlando, FL 32801 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Fry/Hammond/Barr Occupation advertising Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 400.00 redesignated
D. Full Name, Mailing Address and ZIP Code Bradley L. Barrett 1312 Arrowhead Drive Brentwood, TN 37027 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Tennessee Bankers Aso Occupation exec. vice-president Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code William E. Barrott, Jr. P. O. Box 912 Marco Island, FL 33969 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 450.00	Date (month, day, year) 1/12/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code William E. Barrott, Jr. P. O. Box 912 Marco Island, FL 33969 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 450.00	Date (month, day, year) 5/12/93	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code William E. Barrott, Jr. P. O. Box 912 Marco Island, FL 33969 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 450.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period (50.00) 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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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 William E. Barrott, Jr. P. O. Box 912 Marco Island, FL 33969 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 450.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 50.00 redesignated
B. Full Name, Mailing Address and ZIP Code P. M. Barton 605 Palm Circle, East Naples, FL 33940 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/19/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Robert D. Basham 550 N. Reo Street, Suite 204 Tampa, FL 33609 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Outback Steakhouse Occupation restauranteur Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Gopal K. Basisht, M.D. 1751 Lake Berry Drive Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Gopal K. Basisht, M.D. 1751 Lake Berry Drive Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 7/01/93	Amount of Each Receipt this Period (500.00) redesignated
F. Full Name, Mailing Address and ZIP Code Gopal K. Basisht, M.D. 1751 Lake Berry Drive Winter Park, FL 32789 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer information requested Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 7/01/93	Amount of Each Receipt this Period 500.00 redesignated
G. Full Name, Mailing Address and ZIP Code George E. Batchelor P. O. Box 523223 Miami, FL 33152 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Inatl Air Leases, Inc Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/07/93	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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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 George E. Batchelor P. O. Box 523223 Miami, FL 33152 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Inatl Air Leases, Inc Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 500.00 redesignated
B. Full Name, Mailing Address and ZIP Code George E. Batchelor P. O. Box 523223 Miami, FL 33152 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Inatl Air Leases, Inc Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code George E. Batchelor P. O. Box 523223 Miami, FL 33152 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Inatl Air Leases, Inc Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period (500.00) reattributed
D. Full Name, Mailing Address and ZIP Code Marianne Batchelor P. O. Box 523223 Miami, FL 33152 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 500.00 reattributed
E. Full Name, Mailing Address and ZIP Code William L. Batchelor 145 Eugenia Drive Naples, FL 33963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code William L. Batchelor 145 Eugenia Drive Naples, FL 33963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period (100.00) redesignated
G. Full Name, Mailing Address and ZIP Code William L. Batchelor 145 Eugenia Drive Naples, FL 33963 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period 100.00 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

A. Full Name, Mailing Address and ZIP Code James Batmasian 215 N. Federal Highway, Suite 1 Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code James Batmasian 215 N. Federal Highway, Suite 1 Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code James Batmasian 215 N. Federal Highway, Suite 1 Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/06/93	Amount of Each Receipt this Period (25.00) redesignated
D. Full Name, Mailing Address and ZIP Code James Batmasian 215 N. Federal Highway, Suite 1 Boca Raton, FL 33432 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/06/93	Amount of Each Receipt this Period 25.00 redesignated
E. Full Name, Mailing Address and ZIP Code Thomas R. Bayless P. O. Box 32092 Lakeland, FL 33802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holland and Knight Occupation attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/13/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code L. W. Baynard, Jr. 618 Monterey Blvd., N.E. St. Petersburg, FL 33704 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation real estate Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 1/26/93	Amount of Each Receipt this Period 200.00
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

A. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (200.00) redesignated
B. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 200.00 redesignated
C. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/04/93	Amount of Each Receipt this Period 800.00
D. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/09/93	Amount of Each Receipt this Period (800.00) redesignated
E. Full Name, Mailing Address and ZIP Code Robert M. Beall, II P. O. Box N Bradenton, FL 34206 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Beall's Occupation retailer Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/09/93	Amount of Each Receipt this Period 800.00 redesignated
F. Full Name, Mailing Address and ZIP Code Lewis Bear, Jr. 875 Tanglewood Drive Pensacola, FL 32503 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Lewis Bear Co. Occupation president Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Lewis Bear, Jr. 875 Tanglewood Drive Pensacola, FL 32503 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Lewis Bear Co. Occupation president Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period (400.00) redesignated

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Lewis Bear, Jr. 875 Tanglewood Drive Pensacola, FL 32503 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Lewis Bear Co. Occupation president Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period 400.00 redesignated
B. Full Name, Mailing Address and ZIP Code Richard A. Bearse 2216 S.E. Ashley Court Ocala, FL 32671 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pneumatic Products Occupation president Aggregate Year-to-Date $ 500.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code John William Beck Post Office Box 626 Winter Park, FL 32790 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Economics Corp. Occupation banker Aggregate Year-to-Date $ 0.00	Date (month, day, year) 6/02/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code John William Beck Post Office Box 626 Winter Park, FL 32790 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Economics Corp. Occupation banker Aggregate Year-to-Date $ 0.00	Date (month, day, year) 6/23/93	Amount of Each Receipt this Period (500.00) reattributed
E. Full Name, Mailing Address and ZIP Code Dolores Beck 460 Virginia Winter Park, FL 32790 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date $ 500.00	Date (month, day, year) 6/23/93	Amount of Each Receipt this Period 500.00 reattributed
F. Full Name, Mailing Address and ZIP Code F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Leisure Way, Inc. Occupation owner Aggregate Year-to-Date $ 710.00	Date (month, day, year) 4/27/93	Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Leisure Way, Inc. Occupation owner Aggregate Year-to-Date $ 710.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 380.00
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

A. Full Name, Mailing Address and ZIP Code F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Leisure Way, Inc. Occupation owner Aggregate Year-to-Date > $ 710.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period (330.00) redesignated
B. Full Name, Mailing Address and ZIP Code F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Leisure Way, Inc. Occupation owner Aggregate Year-to-Date > $ 710.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 330.00 redesignated
C. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Visitec Occupation manager Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/26/93	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Visitec Occupation manager Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Visitec Occupation manager Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period (200.00) redesignated
F. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Visitec Occupation manager Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period 200.00 redesignated
G. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota, FL 34243 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Visitec Occupation manager Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 5/18/93	Amount of Each Receipt this Period 800.00
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Bell 1211 Orange Avenue Winter Park, FL 32789	Federal Trust Corp.	6/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: banker	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**
Jack A. Belz 4 S. White Station Road Memphis, Tn 38119	Belz Investment Co.	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence P. Bemis 4000 Southeast Financial Center Miami, FL 33131	information requested	6/09/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret S. Benedikt 2100 S. Ocean Ln. #406 Ft. Lauderdale, FL 33316	n/a	5/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jill Benjamin 203 S. Miriam Lake Drive Winter Haven, FL 33884	Publix Supermarkets	5/18/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: associate	Aggregate Year-to-Date > $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. R. Bennett 2882 Whisper Bay Blvd. Gulf Breeze, FL 32561	Pensaccola Aviation	3/04/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: aircraft dealer	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance	Aggregate Year-to-Date > $	1,900.00

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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
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	3/11/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance		
	Aggregate Year-to-Date > $ 1,900.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	3/11/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance		
	Aggregate Year-to-Date > $ 1,900.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	6/28/93	900.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance		
	Aggregate Year-to-Date > $ 1,900.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	6/30/93	(900.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance		
	Aggregate Year-to-Date > $ 1,900.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Benson 833-B Meadow Land Drive Naples, FL 33963	Fred S. Jones	6/30/93	900.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance		
	Aggregate Year-to-Date > $ 1,900.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eliot H. Berg, M.D. 3761 Ottowa Lane Cooper City, FL 33026	self-employed	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician		
	Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome C. Berlin 5425 S.W. 92nd Street Miami, FL 33156	Signature Gardens	1/25/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney		
	Aggregate Year-to-Date > $ 2,000.00		

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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
Jerome C. Berlin 5425 S.W. 92nd Street Miami, FL 33156	Signature Gardens	2/24/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerome C. Berlin 5425 S.W. 92nd Street Miami, FL 33156	Signature Gardens	2/24/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Juan J. Bermudez information requested	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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**
Richard S. Bernstein 1090 N. Lake Way Palm Beach, FL 33480	Bernstein & Assoc.	2/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Zalman C. Bernstein 767 Fifth Avenue New York, NY 10153	S. C. Bernstein & Co.	6/07/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Zalman C. Bernstein 767 Fifth Avenue New York, NY 10153	S. C. Bernstein & Co.	6/16/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman 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**
Zalman C. Bernstein 767 Fifth Avenue New York, NY 10153	S. C. Bernstein & Co.	6/16/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 1,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 2/18/93	Amount of Each Receipt this Period 400.00
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
B. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 3/22/93	Amount of Each Receipt this Period (400.00) redesignated
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
C. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 3/22/93	Amount of Each Receipt this Period 400.00 redesignated
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
D. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 400.00
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
E. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period (400.00) redesignated
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
F. Full Name, Mailing Address and ZIP Code Jack M. Berry, Jr. P. O. Box 459 LaBelle, FL 33936 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Jack M. Berry, Inc.	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 400.00 redesignated
	Occupation president		
	Aggregate Year-to-Date > $	800.00	
G. Full Name, Mailing Address and ZIP Code Ramiro Bertot 9920 S.W. 22nd Street Miami, FL 33165 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer information requested	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 250.00
	Occupation information requested		
	Aggregate Year-to-Date > $	250.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Luis N. Bessone, M.D. 2814 W. Virginia Avenue Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Rupello-Bissone-Hiro Occupation physician Aggregate Year-to-Date > $ 250.00	6/04/93	250.00
B. Full Name, Mailing Address and ZIP Code Blanca C. Bichara 14701 S.W. 42nd Way Miami, FL 33185 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	1/12/93	500.00
C. Full Name, Mailing Address and ZIP Code Terry S. Bienstock Southeast Financial Center, #3160 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bienstock & Clark Occupation partner Aggregate Year-to-Date > $ 500.00	6/30/93	500.00
D. Full Name, Mailing Address and ZIP Code Frank W. Biese 2540 Canterbury Drive, N. West Palm Beach, FL 33407 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 350.00	2/22/93	100.00
E. Full Name, Mailing Address and ZIP Code Frank W. Biese 2540 Canterbury Drive, N. West Palm Beach, FL 33407 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 350.00	6/14/93	250.00
F. Full Name, Mailing Address and ZIP Code Charles A. Bisbee 5828 Riverside Lane Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	1/27/93	500.00
G. Full Name, Mailing Address and ZIP Code G. Robert Blanchard 201 East Kennedy Blvd., Suite 715 Tampa, FL 33602 Receipt For: [x] Primary [ ] General [ ] Other (specify):	W.R.B. Enterprises Occupation executive Aggregate Year-to-Date > $ 330.00	1/29/93	330.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200704154

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Robert Blanchard 201 East Kennedy Blvd., Suite 715 Tampa, FL 33602	W.R.B. Enterprises	2/05/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 330.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
G. Robert Blanchard 201 East Kennedy Blvd., Suite 715 Tampa, FL 33602	W.R.B. Enterprises	2/05/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 330.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marsha S. Blanton P. O. Box 3256 Pensacola, FL 32516	Escambia Construction	3/09/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: builder	Aggregate Year-to-Date > $ 400.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marsha S. Blanton P. O. Box 3256 Pensacola, FL 32516	Escambia Construction	5/05/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: builder	Aggregate Year-to-Date > $ 400.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marsha S. Blanton P. O. Box 3256 Pensacola, FL 32516	Escambia Construction	5/05/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: builder	Aggregate Year-to-Date > $ 400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steve Blicblum, M.D. Post Office Box 852 Brandon, FL 33509	Anesthesia Assoc.	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rita Bono 7450 Founders Way Ponte Vedra Beach, FL 32082	n/a	4/30/93	25.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 1,025.00	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rita Bono 7450 Founders Way Ponte Vedra Beach, FL 32082 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,025.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Rita Bono 7450 Founders Way Ponte Vedra Beach, FL 32082 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,025.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period (125.00) redesignated
C. Full Name, Mailing Address and ZIP Code Rita Bono 7450 Founders Way Ponte Vedra Beach, FL 32082 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,025.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 125.00 redesignated
D. Full Name, Mailing Address and ZIP Code Guy Bostick P. O. Box 67 Auburndale, FL 33823 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 330.00
E. Full Name, Mailing Address and ZIP Code Guy Bostick P. O. Box 67 Auburndale, FL 33823 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period (330.00) redesignated
F. Full Name, Mailing Address and ZIP Code Guy Bostick P. O. Box 67 Auburndale, FL 33823 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period 330.00 redesignated
G. Full Name, Mailing Address and ZIP Code Guy Bostick P. O. Box 67 Auburndale, FL 33823 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Comcar Industries Occupation chairman Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 4/28/93	Amount of Each Receipt this Period 10.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200704 56

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy Bostick P. O. Box 67 Auburndale, FL 33823	Comcar Industries	5/06/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 340.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy Bostick P. O. Box 67 Auburndale, FL 33823	Comcar Industries	6/08/93	(250.00) reattributed
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 340.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Bostick P. O. Box 67 Auburndale, FL 33823	information requested	6/08/93	250.00 reattributed
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Bostick P. O. Box 67 Auburndale, FL 33823	information requested	6/08/93	(80.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Bostick P. O. Box 67 Auburndale, FL 33823	information requested	6/08/93	80.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Mark Bostick 9 Brogden Ct., S.E. Winter Haven, FL 33880	Auburndale Trucking	1/26/93	330.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 330.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Mark Bostick 9 Brogden Ct., S.E. Winter Haven, FL 33880	Auburndale Trucking	2/18/93	(330.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 330.00		

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code R. Mark Bostick 9 Brogden Ct., S.E. Winter Haven, FL 33880 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Auburndale Trucking Occupation executive Aggregate Year-to-Date $ 330.00	Date (month, day, year) 2/18/93	Amount of Each Receipt this Period 330.00 redesignated
B. Full Name, Mailing Address and ZIP Code Charles W. Bower P. O. Box 188 Palm Harbor, FL 34682 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date $ 550.00	Date (month, day, year) 1/27/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Charles W. Bower P. O. Box 188 Palm Harbor, FL 34682 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date $ 550.00	Date (month, day, year) 4/19/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Charles W. Bower P. O. Box 188 Palm Harbor, FL 34682 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date $ 550.00	Date (month, day, year) 6/08/93	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code E. Bruce Bower 4789 Apalachee Street Jacksonville, FL 32210 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date $ 2,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code E. Bruce Bower 4789 Apalachee Street Jacksonville, FL 32210 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date $ 2,000.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period (1,000.00) redesignated
G. Full Name, Mailing Address and ZIP Code E. Bruce Bower 4789 Apalachee Street Jacksonville, FL 32210 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date $ 2,000.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 1,000.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirlee Bowne 303 10th Street, S.E. Washington, D.C. 20003	Natl. Cr. Union Adm.	5/03/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: vice-chairman	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
John W. Boyle 7 N. Pine Circle Belleair, FL 34616	Jack Eckerd Corp.	2/17/93	400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: businessman	Aggregate Year-to-Date > $	50.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Boyle 7 N. Pine Circle Belleair, FL 34616	Jack Eckerd Corp.	3/13/93	(50.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: businessman	Aggregate Year-to-Date > $	50.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Boyle 7 N. Pine Circle Belleair, FL 34616	Jack Eckerd Corp.	3/13/93	50.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: businessman	Aggregate Year-to-Date > $	50.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Brabson, Jr. 5425 Lakes Lane Tampa, FL 33611	Peoples Gas System	3/16/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Brabson, Jr. 5425 Lakes Lane Tampa, FL 33611	Peoples Gas System	4/12/93	(160.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Brabson, Jr. 5425 Lakes Lane Tampa, FL 33611	Peoples Gas System	4/12/93	160.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00

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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
Norman Braman One S.E. Third Avenue, Suite 2130 Miami, FL 33131	Braman Mgmt. Assoc.	1/29/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John P. Brandel 749 N. Garland Avenue Orlando, FL 32801	Brandel-Stephens & Co	4/28/93	680.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 680.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Brant 1365 Caddell Drive Jacksonville, FL 32217	Brant, Moore, et al	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Brian Brattebo information requested	information requested	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard G. Braun 8380 S.W. 157th Street Miami, FL 33157	information requested	6/09/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeffery N. Brauwerman 2800 Biscayne Blvd., Suite 300 Miami, FL 33137	Brauwerman&Brauwerman	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gene C. Brewer 77 E. Missouri, #52 Phoenix, AZ 85012	n/a	1/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 350.00	

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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
Gene C. Brewer 77 E. Missouri, #52 Phoenix, AZ 85012	n/a	2/26/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Derrick L. Brewster 648 Poinsetta Dr. Belleair, FL 34616	n/a	1/13/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Derrick L. Brewster 648 Poinsetta Dr. Belleair, FL 34616	n/a	2/06/93	(150.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Derrick L. Brewster 648 Poinsetta Dr. Belleair, FL 34616	n/a	2/06/93	150.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren M. Briggs 3361 Palermo Road Pensacola, FL 32503	self-employed	6/16/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren M. Briggs 3361 Palermo Road Pensacola, FL 32503	self-employed	6/24/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren M. Briggs 3361 Palermo Road Pensacola, FL 32503	self-employed	6/24/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 400.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/07/93	Amount of Each Receipt this Period (330.00) redesignated
C. Full Name, Mailing Address and ZIP Code Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/07/93	Amount of Each Receipt this Period 330.00 redesignated
D. Full Name, Mailing Address and ZIP Code Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 670.00
E. Full Name, Mailing Address and ZIP Code Nancy R. Brizel 4800 N. 33rd Court Hollywood, FL 33021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation volunteer Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Shepard Broad 9405 E. Broadview Drive Bay Harbour Islands, FL 33154 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Shepard Broad 9405 E. Broadview Drive Bay Harbour Islands, FL 33154 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 5/03/93	Amount of Each Receipt this Period 1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200704 62

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley C. Bronson 1530 Wood Dale Terrace Wellington, FL 33414	information requested	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Brooker 485 Village Place Longwood, FL 32779	n/a	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann M. Brown 2853 Palermo Court Orlando, FL 32806	information requested	6/28/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert G. Brown P. O. Box 1079 Clearwater, FL 34617	Checkers	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. B. Brown Post Office Box 7126 Pensacola, FL 32514	Inst. Control Service	5/17/93	700.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 700.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Van Buren Brownell P. O. Box 463 Boca Grande, FL 33921	n/a	2/22/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734	Bryan Homes	2/11/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer Aggregate Year-to-Date > $ 680.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period (330.00) redesignated
B. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 330.00 redesignated
C. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 340.00
D. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period (340.00) redesignated
E. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 340.00 redesignated
F. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 6/18/93	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code John W. Bryan P. O. Box 7002 St. Petersburg, FL 33734 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bryan Homes Occupation developer Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period (10.00) redesignated

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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 P. O. Box 7002 St. Petersburg, FL 33734	Bryan Homes	6/29/93	10.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $ 680.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marion Bryan 5300 Fourth Street, North St. Petersburg, FL 33703	self-employed	4/08/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: fashion retailer	Aggregate Year-to-Date > $ 330.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marion Bryan 5300 Fourth Street, North St. Petersburg, FL 33703	self-employed	5/10/93	(320.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: fashion retailer	Aggregate Year-to-Date > $ 330.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marion Bryan 5300 Fourth Street, North St. Petersburg, FL 33703	self-employed	5/10/93	320.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: fashion retailer	Aggregate Year-to-Date > $ 330.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William W. Bryan 2006 Sunrise Drive Fernandina Beach, FL 32034	Florida Petroleum	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mike S. Buckner 777 S. Flagler Drive, #1900 W. Palm Beach, FL 33401	Steel Hector Davis	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John S. Bull 1701 South Flagler Drive, #1201 West Palm Beach, FL 33401	n/a	1/19/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 800.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John S. Bull 1701 South Flagler Drive, #1201 West Palm Beach, FL 33401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code John S. Bull 1701 South Flagler Drive, #1201 West Palm Beach, FL 33401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code John S. Bull 1701 South Flagler Drive, #1201 West Palm Beach, FL 33401 $77 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Richard Leonard Bull 1620 Boat House Circle Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 1/20/93	Amount of Each Receipt this Period 40.00
E. Full Name, Mailing Address and ZIP Code Richard Leonard Bull 1620 Boat House Circle Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 1/28/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Richard Leonard Bull 1620 Boat House Circle Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Richard Leonard Bull 1620 Boat House Circle Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 340.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 100.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Karol K. Bullard 2325 Ulmerton Road, Suite 27 Clearwater, FL 34622 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 1,300.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period 1,300.00
B. Full Name, Mailing Address and ZIP Code Karol K. Bullard 2325 Ulmerton Road, Suite 27 Clearwater, FL 34622 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 1,300.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period (880.00) redesignated
C. Full Name, Mailing Address and ZIP Code Karol K. Bullard 2325 Ulmerton Road, Suite 27 Clearwater, FL 34622 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 1,300.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 880.00 redesignated
D. Full Name, Mailing Address and ZIP Code Bruce S. Bullock 10740 Scott Mill Road Jacksonville, FL 32223 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Bruce S. Bullock 10740 Scott Mill Road Jacksonville, FL 32223 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Bruce S. Bullock 10740 Scott Mill Road Jacksonville, FL 32223 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/25/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock 3003 Butterfield Road Oak Brook, IL 60521 conduited Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
conduited through: Natl. Republican Senatorial Comm. 440 First St., N.W., Suite 600 Washington, DC 20001	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Guy M. Burns 201 E. Kennedy Blvd., Suite 1700 Tampa, FL 33602	Johnson, Blakley etal	3/18/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Guy M. Burns 201 E. Kennedy Blvd., Suite 1700 Tampa, FL 33602	Johnson, Blakley etal	4/12/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Guy M. Burns 201 E. Kennedy Blvd., Suite 1700 Tampa, FL 33602	Johnson, Blakley etal	4/12/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter W. Busch P. O. Box 12429 Ft. Pierce, FL 34979	Southern Eagle Dist.	2/17/93	400.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president Aggregate Year-to-Date > $ 400.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter W. Busch P. O. Box 12429 Ft. Pierce, FL 34979	Southern Eagle Dist.	3/31/93	(400.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president Aggregate Year-to-Date > $ 400.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter W. Busch P. O. Box 12429 Ft. Pierce, FL 34979	Southern Eagle Dist.	3/31/93	400.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president Aggregate Year-to-Date > $ 400.00		

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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 John R. Bush 3606 Cinnamon Trace Valrico, FL 33594 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 2/02/93	Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code John R. Bush 3606 Cinnamon Trace Valrico, FL 33594 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 2/23/93	Amount of Each Receipt this Period 350.00
C. Full Name, Mailing Address and ZIP Code John R. Bush 3606 Cinnamon Trace Valrico, FL 33594 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 3/15/93	Amount of Each Receipt this Period (680.00) redesignated
D. Full Name, Mailing Address and ZIP Code John R. Bush 3606 Cinnamon Trace Valrico, FL 33594 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 680.00	Date (month, day, year) 3/15/93	Amount of Each Receipt this Period 680.00 redesignated
E. Full Name, Mailing Address and ZIP Code Mary O. Bush P. O. Box 1546 Hobe Sound, FL 33455 $300 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Anna J. Busing 6919 Nunn Road Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code M. B. Butler 201 Magnolia Lake Drive Longwood, FL 32779 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 500.00

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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
Herbert Bynum 332 Sunnyside Road Temple Terrace, FL 33617	Tampa Farm Service	5/14/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 300.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Cesar B. Cabrera P. O. Box 360544 San Juan, PR 00936	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
Robert Cade 529 N.W. 58th Street Gainesville, FL 32607	self-employed	3/31/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285	Caldwell & Co.	2/16/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: inv. advisor	Aggregate Year-to-Date > $ 300.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285	Caldwell & Co.	3/12/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: inv. advisor	Aggregate Year-to-Date > $ 300.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285	Caldwell & Co.	3/12/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: inv. advisor	Aggregate Year-to-Date > $ 300.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285	Caldwell & Co.	6/15/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: inv. advisor	Aggregate Year-to-Date > $ 300.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Caldwell & Co. inv. advisor Aggregate Year-to-Date > $ 300.00	6/25/93	(100.00) redesignated
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland G. Caldwell 250 Tampa Avenue, West Venice, FL 34285 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Caldwell & Co. inv. advisor Aggregate Year-to-Date > $ 300.00	6/25/93	100.00 redesignated
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James K. Campbell 450 S. Ocean Blvd., Villa 305B Manalapan, FL 33462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $ 250.00	3/30/93	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Virginia F. Campbell 450 S. Ocean Blvd. Manalapan, FL 33462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $ 250.00	3/30/93	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ben Campen Realty realtor Aggregate Year-to-Date > $ 680.00	2/12/93	330.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ben Campen Realty realtor Aggregate Year-to-Date > $ 680.00	4/01/93	(330.00) redesignated
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Ben Campen Realty realtor Aggregate Year-to-Date > $ 680.00	4/01/93	330.00 redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ben Campen Realty Occupation: realtor Aggregate Year-to-Date > $ 680.00	5/17/93	350.00
B. Full Name, Mailing Address and ZIP Code Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ben Campen Realty Occupation: realtor Aggregate Year-to-Date > $ 680.00	6/09/93	(350.00) redesignated
C. Full Name, Mailing Address and ZIP Code Ben Campen 8110 Sabal Oak Lane Jacksonville, FL 32256 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Ben Campen Realty Occupation: realtor Aggregate Year-to-Date > $ 680.00	6/09/93	350.00 redesignated
D. Full Name, Mailing Address and ZIP Code O. F. Cannon, Jr., M.D. 3801 S.W. Fourth Avenue Ocala, FL 32674 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ocala Ortho Group Occupation: physician Aggregate Year-to-Date > $ 500.00	6/03/93	500.00
E. Full Name, Mailing Address and ZIP Code Daniel D. Cantor 8411 Lagos de Campo Blvd. Tamarac, FL 33321 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 500.00	1/13/93	250.00
F. Full Name, Mailing Address and ZIP Code Daniel D. Cantor 8411 Lagos de Campo Blvd. Tamarac, FL 33321 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 500.00	2/08/93	(250.00) redesignated
G. Full Name, Mailing Address and ZIP Code Daniel D. Cantor 8411 Lagos de Campo Blvd. Tamarac, FL 33321 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 500.00	2/08/93	250.00 redesignated

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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
Daniel D. Cantor 8411 Lagos de Campo Blvd. Tamarac, FL 33321 $250 refund 7/23/93	self-employed	6/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carolyn Caos P. O. Box 728 Windermere, FL 34786	information requested	6/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Antonio Caos, M.D. P. O. Box 728 Windermere, FL 34786	Internal Med. Spec.	2/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary M. Carman 1541 Brickell Ave., #909 Miami, FL 33129	Holland & Knight	1/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Deborah B. Carns 1020 Wald Road Orlando, FL 32806	information requested	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. R. M. Carpenter, Jr. P. O. Box 25 Montchanin, DE 19710	information requested	3/05/93	(500.00) correct 11/4/91
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ (600.00)	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mary Kaye Carpenter P. O. Box 25 Montchanin, DE 19710	information requested	3/05/93	500.00 correct 11/4/91
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 600.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code R. R. M. Carpenter, Jr. P. O. Box 25 Montchanin, DE 19710 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ (600.00)	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period (100.00) correct 11/3/92
B. Full Name, Mailing Address and ZIP Code Mary Kaye Carpenter P. O. Box 25 Montchanin, DE 19710 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period 100.00 correct 11/3/92
C. Full Name, Mailing Address and ZIP Code Howard Carrey 763 North Beach Street Ormond Beach, FL 32074 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Carefree Ford Ent Inc Occupation restaurant owner Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Howard Carrey 763 North Beach Street Ormond Beach, FL 32074 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Carefree Ford Ent Inc Occupation restaurant owner Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period (500.00) redesignated
E. Full Name, Mailing Address and ZIP Code Howard Carrey 763 North Beach Street Ormond Beach, FL 32074 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Carefree Ford Ent Inc Occupation restaurant owner Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period 500.00 redesignated
F. Full Name, Mailing Address and ZIP Code David W. Carroll 1207 Salt Creek Island Drive Ponte Vedra Beach, FL 32082 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Health South, Inc. Occupation health care adm. Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Wayne L. Carse 1700 S. Bumby Orlando, FL 32806 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Carse Oil Co., Inc. Occupation president Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 330.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code James P. Caruso, Sr. P. O. Box 568367 Orlando, FL 32856	Pineloch Mgmt. Corp.	5/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation agriculture	Aggregate Year-to-Date $	500.00
B. Full Name, Mailing Address and ZIP Code Manuel A. Casiano information requested	Name of Employer information requested	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation information requested	Aggregate Year-to-Date $	1,000.00
C. Full Name, Mailing Address and ZIP Code Omer Causey P. O. Box 2524 Sarasota, FL 34230	Name of Employer self-employed	Date (month, day, year) 1/22/93	Amount of Each Receipt this Period 100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation attorney	Aggregate Year-to-Date $	225.00
D. Full Name, Mailing Address and ZIP Code Omer Causey P. O. Box 2524 Sarasota, FL 34230	Name of Employer self-employed	Date (month, day, year) 2/04/93	Amount of Each Receipt this Period 125.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation attorney	Aggregate Year-to-Date $	225.00
E. Full Name, Mailing Address and ZIP Code Robert A. Chahine, M.D. 1915 Brickell Avenue, C-701 Miami, FL 33129	Name of Employer self-employed	Date (month, day, year) 1/12/93	Amount of Each Receipt this Period 250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation physician	Aggregate Year-to-Date $	250.00
F. Full Name, Mailing Address and ZIP Code Dr. C. P. Chambers 5300 W. Atlantic Ave., Suite 400 Delray Beach, FL 33484	Name of Employer self-employed	Date (month, day, year) 3/15/93	Amount of Each Receipt this Period 500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation physician	Aggregate Year-to-Date $	500.00
G. Full Name, Mailing Address and ZIP Code Betty B. Chapman 1690 S. Bayshore Lane, 10 A/B Miami, FL 33133	Name of Employer n/a	Date (month, day, year) 3/15/93	Amount of Each Receipt this Period 500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation homemaker	Aggregate Year-to-Date $	500.00

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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
Alvah H. Chapman, Jr. 1690 S. Bayshore Lane, 10 A/B Miami, FL 33133	Knight-Ridder, Inc.	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: director	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty Hoover Charles 521 N. Riverside Drive, #805 Pompano Beach, FL 33062	n/a	5/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 600.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty Hoover Charles 521 N. Riverside Drive, #805 Pompano Beach, FL 33062	n/a	6/28/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 600.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Chalit Cheanvechai, M.D. 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308	Cardio Surgery Assoc.	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 700.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Chalit Cheanvechai, M.D. 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308	Cardio Surgery Assoc.	6/09/93	(300.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 700.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Phanda Cheanvechai 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308	information requested	6/09/93	300.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 300.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Chalit Cheanvechai, M.D. 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308	Cardio Surgery Assoc.	6/15/93	(700.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 700.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chalit Cheanvechai, M.D. 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Cardio Surgery Assoc. Occupation: physician Aggregate Year-to-Date > $	6/15/93 700.00	700.00 redesignated
B. Linda Z. Cherry P. O. Box 1325 Gainesville, FL 32602 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: information requested Aggregate Year-to-Date > $	6/21/93 1,000.00	1,000.00
C. L. James Cherry, Jr. P. O. Box 1325 Gainesville, FL 32602 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Cherry Communications Occupation: information requested Aggregate Year-to-Date > $	6/21/93 1,000.00	1,000.00
D. Jack Chester 1865 Brickell Avenue, Apt. 1109 Miami, FL 33129 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: electronics whslr. Aggregate Year-to-Date > $	2/24/93 500.00	500.00
E. Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: The Opthalmic Group Occupation: c.e.o. Aggregate Year-to-Date > $	1/27/93 1,250.00	330.00
F. Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: The Opthalmic Group Occupation: c.e.o. Aggregate Year-to-Date > $	1/27/93 1,250.00	500.00
G. Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: The Opthalmic Group Occupation: c.e.o. Aggregate Year-to-Date > $	2/08/93 1,250.00	(580.00) 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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	2/08/93	580.00 redesignated
B. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	2/25/93	420.00
C. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	2/25/93	500.00
D. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	3/07/93	(500.00) reattributed
E. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	~~Name of Employer~~ self-employed Occupation opthamologist Aggregate Year-to-Date > $ 1,000.00	3/07/93	500.00 reattributed
F. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	3/07/93	(420.00) redesignated
G. Full Name, Mailing Address and ZIP Code Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer The Opthalmic Group Occupation c.e.o. Aggregate Year-to-Date > $ 1,250.00	3/07/93	420.00 redesignated

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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
Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613	The Opthalmic Group	4/30/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: c.e.o.	Aggregate Year-to-Date > $ 1,250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Phyllis S. Chisholm 16603 Milan de Avila Tampa, FL 33613	The Opthalmic Group	5/17/93	(500.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: c.e.o.	Aggregate Year-to-Date > $ 1,250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	self-employed	5/17/93	500.00 reattributed
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: opthamologist	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**
Steven M. Christoff 3601 S.W. Fourth Avenue Ocala, FL 34474	self-employed	6/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: restauranteur	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David R. Clare 972 Lake House Drive North Palm Beach, FL 33408	n/a	5/10/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jim R. Clare 7439 E. Hillsborough Avenue Tampa, FL 33610	Pan Am Group	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	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**
Jim R. Clare 7439 E. Hillsborough Avenue Tampa, FL 33610	Pan Am Group	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $ 1,000.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim R. Clare 7439 E. Hillsborough Avenue Tampa, FL 33610	Pan Am Group	6/15/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	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
Jim R. Clare 7439 E. Hillsborough Avenue Tampa, FL 33610	Pan Am Group	6/15/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: owner	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
Carter W. Clarke, Jr. 2771 Heron Place Clearwater, FL 34622	Security Tag Systems	5/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred B. Clayton 719 N. Rio Grande Avenue Orlando, FL 32804	Mears Transportation	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: manager	Aggregate Year-to-Date > $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. L. Clements, Jr. 457 Leucadendra Drive Coral Gables, FL 33156	Chase Federal Bank	6/21/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: savings banker	Aggregate Year-to-Date > $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483	n/a	2/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483	n/a	3/23/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,000.00	

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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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	3/23/93	500.00 redesignated
B. Full Name, Mailing Address and ZIP Code Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	6/01/93	500.00
C. Full Name, Mailing Address and ZIP Code Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	6/09/93	(500.00) redesignated
D. Full Name, Mailing Address and ZIP Code Guernsey C. Cline 2950 Polo Drive Gulfstream, FL 33483 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	6/09/93	500.00 redesignated
E. Full Name, Mailing Address and ZIP Code Donna Cobb 2917 Shoal Creek Village Dr. Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 250.00	5/05/93	250.00
F. Full Name, Mailing Address and ZIP Code Sue M. Cobb 2333 Ponce de Leon Blvd, #1111 Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Greenburg-Terigg Occupation: attorney Aggregate Year-to-Date > $ 500.00	2/05/93	500.00
G. Full Name, Mailing Address and ZIP Code Charles E. Cobb, Jr. 2333 Ponce de Leon Blvd., PH 1111 Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Cobb Partners, Inc. Occupation: real estate Aggregate Year-to-Date > $ 2,000.00	3/15/93	2,000.00

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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 E. Cobb, Jr. 2333 Ponce de Leon Blvd., PH 1111 Coral Gables, FL 33134	Cobb Partners, Inc.	5/10/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles E. Cobb, Jr. 2333 Ponce de Leon Blvd., PH 1111 Coral Gables, FL 33134	Cobb Partners, Inc.	5/10/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William H. Cochrane 2320 Club Dr. Vero Beach, FL 32963	n/a	2/23/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Armando M. Codina 150 W. Flagler Street, Suite 1500 Miami, FL 33130	information requested	1/28/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack M. Coe 1546 Catalonia Avenue Coral Gables, FL 33134	Fowler, White, et al	6/16/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth D. Colen 8700 S.W. 99th Street Ocala, FL 32676	self-employed	3/18/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: builder	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles K. Coleson 5656 E. Silver Springs Blvd. Silver Springs, FL 32688	Florida Leisure	6/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: exec. vice-president	Aggregate Year-to-Date > $	500.00

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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
Barron Collier, III 3838 Ft. Charles Drive Naples, FL 33940	Barron Collier Co.	1/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	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**
Barron Collier, III 3838 Ft. Charles Drive Naples, FL 33940	Barron Collier Co.	2/05/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	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**
Barron Collier, III 3838 Ft. Charles Drive Naples, FL 33940	Barron Collier Co.	2/05/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: developer	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**
Jose R. Colon P. O. Box 363013 San Juan, PR 00936	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
Joseph Colpaert 570 Conover Ct. Marco Island, FL 33937	self-employed	2/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: comm. real estate	Aggregate Year-to-Date $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Anthony Comparato 980 N. Federal Hwy., Suite 400 Boca Raton, FL 33432	n/a	1/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Richard T. Conard P. O. Box 14820 Bradenton, FL 34280	information requested	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date $	500.00

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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
Hal D. Condrey P. O. Box 8396 Orlando, FL 32806	Comm Iron & Metals Co	3/02/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: scrap metal recycling	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
Jean Ann Cone 3315 Lykes Avenue Tampa, FL 33609	n/a	6/16/93	426.67
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	426.67

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Ann Cone 3315 Lykes Avenue Tampa, FL 33609	n/a	6/23/93	(426.67) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	426.67

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Ann Cone 3315 Lykes Avenue Tampa, FL 33609	n/a	6/24/93	426.67 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	426.67

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas P. Cone, Jr. 500 N.W. 27th Avenue Ocala, FL 32675	Cone Distributing	6/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: beverage wholesaler	Aggregate Year-to-Date > $	500.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084	Cone,Purcell & Miller	4/12/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	800.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084	Cone,Purcell & Miller	5/11/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	800.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Cone,Purcell & Miller Occupation: attorney Aggregate Year-to-Date > $ 800.00	Date (month, day, year): 5/12/93	Amount of Each Receipt this Period: (400.00) redesignated
B. Full Name, Mailing Address and ZIP Code Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Cone,Purcell & Miller Occupation: attorney Aggregate Year-to-Date > $ 800.00	Date (month, day, year): 5/12/93	Amount of Each Receipt this Period: 400.00 redesignated
C. Full Name, Mailing Address and ZIP Code Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Cone,Purcell & Miller Occupation: attorney Aggregate Year-to-Date > $ 800.00	Date (month, day, year): 6/07/93	Amount of Each Receipt this Period: (400.00) redesignated
D. Full Name, Mailing Address and ZIP Code Fred M. Cone, Jr. 207 Inlet Drive St. Augustine, FL 32084 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Cone,Purcell & Miller Occupation: attorney Aggregate Year-to-Date > $ 800.00	Date (month, day, year): 6/07/93	Amount of Each Receipt this Period: 400.00 redesignated
E. Full Name, Mailing Address and ZIP Code Anne M. Connolly 6037 Pine Valley Drive Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year): 6/28/93	Amount of Each Receipt this Period: 250.00
F. Full Name, Mailing Address and ZIP Code Whitney Cook 111 Wilderness Dr., Apt. 218 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year): 1/15/93	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and ZIP Code Daniel M. Copeland 12444 Mandarin Road Jacksonville, FL 32223 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Ploof Truck Lines Occupation: president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year): 4/16/93	Amount of Each Receipt this Period: 2,000.00

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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
Daniel M. Copeland 12444 Mandarin Road Jacksonville, FL 32223	Ploof Truck Lines	5/10/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel M. Copeland 12444 Mandarin Road Jacksonville, FL 32223	Ploof Truck Lines	5/10/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Coppersmith Three Grove Isle Drive, Apt. 1402 Coconut Grove, FL 33133	S.E. Public Svc Corp	6/04/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Pat Corrigan 3645 90th Avenue Vero Beach, FL 32966	Corrigan Ranches	4/07/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: rancher	Aggregate Year-to-Date > $ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Pat Corrigan 3645 90th Avenue Vero Beach, FL 32966	Corrigan Ranches	5/26/93	(50.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: rancher	Aggregate Year-to-Date > $ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Pat Corrigan 3645 90th Avenue Vero Beach, FL 32966	Corrigan Ranches	5/26/93	50.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: rancher	Aggregate Year-to-Date > $ 50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Pat Corrigan 3645 90th Avenue Vero Beach, FL 32966	Corrigan Ranches	6/01/93	(350.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: rancher	Aggregate Year-to-Date > $ 50.00	

SUBTOTAL of Receipts This Page (optional)	
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patricia P. Corrigan 3645 90th Avenue Vero Beach, FL 32966	information requested / information requested	6/01/93	350.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 350.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Carver Cosgrove 100 Glenview Place, #1000 Naples, FL 33963	n/a / retired	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Humberto Coto, M.D. 17908 Crawley Road Odessa, FL 33556	Cariology Tampa / physician	6/25/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James L. Cottrell P. O. Box 767 Cape Coral, FL 33910	self-employed / attorney	5/10/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph J. Cottrell 296 Alexander Palm Road Boca Raton, FL 33432	n/a / retired	2/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph J. Cottrell 296 Alexander Palm Road Boca Raton, FL 33432	n/a / retired	3/08/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph J. Cottrell 296 Alexander Palm Road Boca Raton, FL 33432	n/a / retired	3/08/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Alec P. Courtelis 701 Brickell Ave., Suite 1400 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Courtelis Co. Occupation president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 3/10/93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Alec P. Courtelis 701 Brickell Ave., Suite 1400 Miami, FL 33131 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Courtelis Co. Occupation president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Kiki Lisa Courtelis 701 Brickell Ave., Suite 1400 Miami, FL 33131 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Kiki's at the Falls Occupation dress shop owner Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/28/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Pan T. Courtelis 3612 Bayview Road Coconut Grove, FL 33133 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Video Ventures Occupation vice-president Aggregate Year-to-Date > $ 1,475.00	Date (month, day, year) 5/28/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Pan T. Courtelis 3612 Bayview Road Coconut Grove, FL 33133 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Video Ventures Occupation vice-president Aggregate Year-to-Date > $ 1,475.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Shirley Ione Cowell 2500 Bay Avenue, #2 Miami Beach, FL 33140 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Tiffany L. Cowen 6301 S. Westshore Blvd., #922 Tampa, FL 33616 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Dennis P. Coyle 13290 St. Tropez Palm Beach Gardens, FL 33410 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	4/27/93	500.00
B. Full Name, Mailing Address and ZIP Code William C. Cramer, Jr. P. O. Box 490 Panama City, FL 32402 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Thomas Chevrolet Occupation general manager Aggregate Year-to-Date > $ 680.00	1/27/93	330.00
C. Full Name, Mailing Address and ZIP Code William C. Cramer, Jr. P. O. Box 490 Panama City, FL 32402 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Thomas Chevrolet Occupation general manager Aggregate Year-to-Date > $ 680.00	2/06/93	(330.00) redesignated
D. Full Name, Mailing Address and ZIP Code William C. Cramer, Jr. P. O. Box 490 Panama City, FL 32402 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Thomas Chevrolet Occupation general manager Aggregate Year-to-Date > $ 680.00	2/06/93	330.00 redesignated
E. Full Name, Mailing Address and ZIP Code William C. Cramer, Jr. P. O. Box 490 Panama City, FL 32402 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Thomas Chevrolet Occupation general manager Aggregate Year-to-Date > $ 680.00	5/06/93	350.00
F. Full Name, Mailing Address and ZIP Code David J. Crannell 6507 N. Harney Road Tampa, FL 33610 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Safety Equip. Co. Occupation president Aggregate Year-to-Date > $ 680.00	2/03/93	330.00
G. Full Name, Mailing Address and ZIP Code David J. Crannell 6507 N. Harney Road Tampa, FL 33610 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Safety Equip. Co. Occupation president Aggregate Year-to-Date > $ 680.00	3/06/93	(330.00) redesignated

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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
David J. Crannell 6507 N. Harney Road Tampa, FL 33610	Safety Equip. Co.	3/06/93	330.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	680.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Crannell 6507 N. Harney Road Tampa, FL 33610	Safety Equip. Co.	3/16/93	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	680.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Crannell 6507 N. Harney Road Tampa, FL 33610	Safety Equip. Co.	4/11/93	(350.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	680.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Crannell 6507 N. Harney Road Tampa, FL 33610	Safety Equip. Co.	4/11/93	350.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	680.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Felix A. Crawford 3841 Feather Oaks Drive Jacksonville, FL 32211	Southland Env. Svcs.	5/11/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bernice S. Crawley 5333 Collins Avenue, #14-J Miami Beach, FL 33140	n/a	6/14/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Theodore B. Crews 7701 Salerno Court Ft. Pierce, FL 34951	n/a	1/13/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	400.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Theodore B. Crews 7701 Salerno Court Ft. Pierce, FL 34951 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 3/01/93	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code Theodore B. Crews 7701 Salerno Court Ft. Pierce, FL 34951 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/02/93	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code Theodore B. Crews 7701 Salerno Court Ft. Pierce, FL 34951 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Theodore B. Crews 7701 Salerno Court Ft. Pierce, FL 34951 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 6/17/93	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Wood & Crist Occupation attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Wood & Crist Occupation attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period (250.00) redesignated
G. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Wood & Crist Occupation attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 250.00 redesignated

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period (320.00) redesignated
C. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period 320.00 redesignated
D. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 2/26/93	Amount of Each Receipt this Period 680.00
E. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period (680.00) redesignated
F. Full Name, Mailing Address and ZIP Code Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period 680.00 redesignated
G. Full Name, Mailing Address and ZIP Code Jack B. Critchfield P. O. Box 15208 St. Petersburg, FL 33733 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Florida Progress Corp Occupation chairman Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/22/93	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			
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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mary C. Critchfield 198 13th Street, East Tierra Verde, FL 33715 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested	5/12/93	250.00
	Aggregate Year-to-Date > $		250.00
B. Full Name, Mailing Address and ZIP Code Richard H. Critchlow 201 S. Biscayne Blvd., 22nd Floor Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested	6/04/93	750.00
	Aggregate Year-to-Date > $		750.00
C. Full Name, Mailing Address and ZIP Code Earl M. Crittenden 1023 Pinar Dr. Orlando, FL 32825 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Silver Springs Citrus Occupation president	6/02/93	1,000.00
	Aggregate Year-to-Date > $		1,000.00
D. Full Name, Mailing Address and ZIP Code Marie A. Crofoot 2205 Lakeside Drive Orlando, FL 32803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested	6/28/93	500.00
	Aggregate Year-to-Date > $		500.00
E. Full Name, Mailing Address and ZIP Code J. A. Crookshank, Jr. 34 Rhode Avenue St. Augustine, FL 32084 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired	2/18/93	250.00
	Aggregate Year-to-Date > $		500.00
F. Full Name, Mailing Address and ZIP Code J. A. Crookshank, Jr. 34 Rhode Avenue St. Augustine, FL 32084 $50 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired	6/18/93	250.00
	Aggregate Year-to-Date > $		500.00
G. Full Name, Mailing Address and ZIP Code Philip B. Crosby Post Office Box 1927 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	PGA, Inc. Occupation chairman	5/17/93	1,000.00
	Aggregate Year-to-Date > $		680.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Philip B. Crosby Post Office Box 1927 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	PGA, Inc. Occupation: chairman Aggregate Year-to-Date > $ 680.00	6/17/93	(1,000.00) redesignated
B. Full Name, Mailing Address and ZIP Code Philip B. Crosby Post Office Box 1927 Winter Park, FL 32790 Receipt For: [ ] Primary [x] General [ ] Other (specify):	PGA, Inc. Occupation: chairman Aggregate Year-to-Date > $ 680.00	6/17/93	1,000.00 redesignated
C. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Crouse Investments Occupation: investor Aggregate Year-to-Date > $ 1,000.00	2/09/93	400.00
D. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Crouse Investments Occupation: investor Aggregate Year-to-Date > $ 1,000.00	4/05/93	(400.00) redesignated
E. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Crouse Investments Occupation: investor Aggregate Year-to-Date > $ 1,000.00	4/05/93	400.00 redesignated
F. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Crouse Investments Occupation: investor Aggregate Year-to-Date > $ 1,000.00	6/29/93	(600.00) redesignated
G. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Crouse Investments Occupation: investor Aggregate Year-to-Date > $ 1,000.00	6/29/93	600.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200704

A. Full Name, Mailing Address and ZIP Code John L. Crouse 3308 Higel Avenue Sarasota, FL 34242 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Crouse Investments Occupation investor Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 600.00 redesignated
B. Full Name, Mailing Address and ZIP Code Earl Currie 7030 Founders Way Ponte Vedra Beach, FL 32082 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer CSX Transportation Occupation executive Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Susan L. Curry, M.D. 1218 Park Avenue, North Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 125.00
D. Full Name, Mailing Address and ZIP Code Susan L. Curry, M.D. 1218 Park Avenue, North Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 375.00
E. Full Name, Mailing Address and ZIP Code Lawrence N. Curtin P. O. Box 810 Tallahassee, FL 32312 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 510.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 510.00
F. Full Name, Mailing Address and ZIP Code James H. Dahl 2252 River Road Jacksonville, FL 32207 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code James L. Dake 2924 W. 27th Court Panama City, FL 32405 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Peoples 1st Fin S & L Occupation banker Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 4/05/93	Amount of Each Receipt this Period 330.00

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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
James L. Dake 2924 W. 27th Court Panama City, FL 32405	Peoples 1st Fin S & L	5/14/93	(320.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: banker Aggregate Year-to-Date > $ 330.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L. Dake 2924 W. 27th Court Panama City, FL 32405	Peoples 1st Fin S & L	5/14/93	320.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: banker Aggregate Year-to-Date > $ 330.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Daniels 3200 Cherry Creek South Dr., #500 Denver, CO 80209	Daniels Communication	6/28/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman 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
Joanne C. Dauer 1800 Eagle Trace Blvd. Coral Springs, FL 33071	information requested	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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
Edward A. Dauer, M.D. 1800 Eagle Trace Blvd. Coral Springs, FL 33071	Florida Med. Center	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin B. Davis 200 S. Biscayne Blvd., Suite 4000 Miami, FL 33131	information requested	6/09/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Col. Michael Davis 22615 Meridiana Drive Boca Raton, FL 33433	Preferred Prescript.	6/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: ceo Aggregate Year-to-Date > $ 500.00		

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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
Donald D. Davis 169 Lamplighter Lane Ponte Vedra Beach, FL 32082	information requested	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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
Jerry R. Davis 3964 Alhambra Drive, West Jacksonville, FL 32207	information requested	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date $	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Jean Davis 2800 Biscayne Blvd., #310 Miami, FL 33137	McArthur Mgmt. Co.	2/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date $	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Davis P. O. Box B Jacksonville, FL 32203	DDI, Inc.	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Sharon L. Day 3000 Island Blvd., Apt. 2603 Miami, FL 33160	SLI Corp.	2/22/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date $	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugo H. de Beaubien 1125 Belleair Circle Orlando, FL 32804	Drage, de Beaubien	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha L. DeCespedes 2451 Brickel Avenue, #21D Miami, FL 33129	PharMed Group	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: ceo	Aggregate Year-to-Date $	500.00

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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
James L. DeMoully 3110-2K First Avenue, North St. Petersburg, FL 33713	self-employed	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren L. Dean, Jr. 1 Lamp Post Court Potomac, MD 20854	information requested	3/01/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angel A. Del Valle P. O. Box 2889 San Juan, PR 00903	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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
Earle L. Denton 1017 Gran Paseo Drive Orlando, FL 32825	Loral Aerospace Corp.	5/14/93	25.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: sr. mgmt. analyst	Aggregate Year-to-Date > $	525.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earle L. Denton 1017 Gran Paseo Drive Orlando, FL 32825	Loral Aerospace Corp.	5/17/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: sr. mgmt. analyst	Aggregate Year-to-Date > $	525.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Derek E. Dewan 8670 San Servera Drive, West Jacksonville, FL 32217	information requested	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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
Gerard D. DiMarco 2 State Street, Suite 400 Rochester, NY 14614	DiMarco & Riley	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	500.00

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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
Gustavo Diaz 7327 N.W. 36th Street Miami, FL 33166	information requested	1/12/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruben Diaz information requested	information requested	5/11/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Dickenson 1240 Cocoanut Road Boca Raton, FL 33432	n/a	1/22/93	272.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: preservationist Aggregate Year-to-Date > $ 272.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry D. Dingle 400 N. Ashley, Suite 2800 Tampa, FL 33602	Price Waterhouse	5/19/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: C.P.A. Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. L. Dinkins 101 N.E. 16th Ave. Ocala, FL 32670	Dinkins Realty	3/01/93	15.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: real estate broker Aggregate Year-to-Date > $ 515.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. L. Dinkins 101 N.E. 16th Ave. Ocala, FL 32670	Dinkins Realty	3/19/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: real estate broker Aggregate Year-to-Date > $ 515.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. C. Dockery P. O. Box 2805 Lakeland, FL 33806	self-employed	4/27/93	680.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: insurance executive Aggregate Year-to-Date > $ 680.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rufus M. Dodrill 5260 S. Landings Dr., #1409 Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation resort owner Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 3/30/93	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code Rufus M. Dodrill 5260 S. Landings Dr., #1409 Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation resort owner Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 4/13/93	Amount of Each Receipt this Period (600.00) redesignated
C. Full Name, Mailing Address and ZIP Code Rufus M. Dodrill 5260 S. Landings Dr., #1409 Ft. Myers, FL 33919 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation resort owner Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 4/13/93	Amount of Each Receipt this Period 600.00 redesignated
D. Full Name, Mailing Address and ZIP Code Lewis A. Doman 1213 Willowood Lane Gulf Breeze, FL 32561 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Citizens & Peoples Occupation banker Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code Lewis A. Doman 1213 Willowood Lane Gulf Breeze, FL 32561 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Citizens & Peoples Occupation banker Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period (400.00) redesignated
F. Full Name, Mailing Address and ZIP Code Lewis A. Doman 1213 Willowood Lane Gulf Breeze, FL 32561 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Citizens & Peoples Occupation banker Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 400.00 redesignated
G. Full Name, Mailing Address and ZIP Code John F. Donahue 1054 Beechwood Blvd. Pittsburgh, PA 15206 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Federated Investors Occupation executive Aggregate Year-to-Date > $ 750.00	Date (month, day, year) 2/22/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John F. Donahue 1054 Beechwood Blvd. Pittsburgh, PA 15206 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Federated Investors Occupation executive Aggregate Year-to-Date > $ 750.00	4/30/93	750.00
B. Full Name, Mailing Address and ZIP Code John F. Donahue 1054 Beechwood Blvd. Pittsburgh, PA 15206 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Federated Investors Occupation executive Aggregate Year-to-Date > $ 750.00	5/12/93	(750.00) redesignated
C. Full Name, Mailing Address and ZIP Code John F. Donahue 1054 Beechwood Blvd. Pittsburgh, PA 15206 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Federated Investors Occupation executive Aggregate Year-to-Date > $ 750.00	5/12/93	750.00 redesignated
D. Full Name, Mailing Address and ZIP Code Allyn C. Donaldson, Jr. Rt. 1, Box 3560 Santa Rosa Beach, FL 32459 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 350.00	1/19/93	100.00
E. Full Name, Mailing Address and ZIP Code Allyn C. Donaldson, Jr. Rt. 1, Box 3560 Santa Rosa Beach, FL 32459 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 350.00	4/07/93	250.00
F. Full Name, Mailing Address and ZIP Code J. R. Donnell 300 Parc Monceau Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 500.00	1/28/93	500.00
G. Full Name, Mailing Address and ZIP Code J. R. Donnell 300 Parc Monceau Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 500.00	2/08/93	(500.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. R. Donnell 300 Parc Monceau Palm Beach, FL 33480 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a / retired / $ 500.00	2/08/93	500.00 redesignated
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mary L. Donnelly 234 Colonade Circle Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / none / $ 500.00	2/03/93	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Francis E. Donoghue 1016 Fish Crow Road Sanibel, FL 33957 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / retired / $ 250.00	3/31/93	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. C. Doppelheuer 3 Lake Hollingsworth Drive Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested / information requested / $ 250.00	5/14/93	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard R. Dostie 2957 Forest Circle Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dostie Builders, Inc. / builder / $ 600.00	4/28/93	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard R. Dostie 2957 Forest Circle Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dostie Builders, Inc. / builder / $ 600.00	5/13/93	(600.00) redesignated
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard R. Dostie 2957 Forest Circle Jacksonville, FL 32217 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Dostie Builders, Inc. / builder / $ 600.00	5/13/93	600.00 redesignated

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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
Richard R. Dostie 2957 Forest Circle Jacksonville, FL 32217	Dostie Builders, Inc.	5/27/93	(400.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: builder	Aggregate Year-to-Date > $ 600.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Virginia Dostie 2957 Forest Circle Jacksonville, FL 32217	n/a	5/27/93	400.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 400.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lu Drackett 3150 Green Dolphin Lane Naples, FL 33940 $250 refund 7/23/93	n/a	6/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Everitt Drew 215 Delta Court Tallahassee, FL 32303	FL Financial Property	5/06/93	350.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 350.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcus E. Drewa 580 W. Eighth Street Jacksonville, FL 32209	Methodist Med. Center	4/05/93	25.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 275.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcus E. Drewa 580 W. Eighth Street Jacksonville, FL 32209	Methodist Med. Center	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 275.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619	n/a	2/01/93	150.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,500.00	

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

930200705 03

A. Full Name, Mailing Address and ZIP Code Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 2/11/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 2/25/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period (650.00) redesignated
D. Full Name, Mailing Address and ZIP Code Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 650.00 redesignated
E. Full Name, Mailing Address and ZIP Code Edward C. Droste 1700 McMullen Booth Road, Suite B5 Clearwater, FL 34619 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/28/93	Amount of Each Receipt this Period 350.00
F. Full Name, Mailing Address and ZIP Code A. Thomas Dudley P. O. Box 2947 Jacksonville, FL 2203 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer IWS, Inc. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Donald N. Dudley 858 Pine Meadows Road Orlando, FL 32825 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Executive Air Center Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/02/93	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 Detailed Summary Page

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Donald P. Dufresne 13680C Yarnouth Court Wellington, FL 33414 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Scott, Henderson Occupation: attorney Aggregate Year-to-Date $ 500.00	4/28/93	500.00
B. Pamela H. Duke 1821 S.E. 35th Lane Ocala, FL 32671 Receipt For: [x] Primary [ ] General [ ] Other (specify):	James B. Duke, M.D. Occupation: office director Aggregate Year-to-Date $ 500.00	6/03/93	500.00
C. Thomas A. Duke 3315 Beauclerc Road Jacksonville, FL 32257 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Laney & Duke Occupation: public warewhousing Aggregate Year-to-Date $ 300.00	3/12/93	100.00
D. Thomas A. Duke 3315 Beauclerc Road Jacksonville, FL 32257 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Laney & Duke Occupation: public warewhousing Aggregate Year-to-Date $ 300.00	4/08/93	200.00
E. Mary M. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $ 500.00	4/27/93	500.00
F. Mary M. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $ 500.00	5/12/93	(200.00) redesignated
G. Mary M. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $ 500.00	5/12/93	200.00 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) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Robert Franklin Dunlap 3050 Biscayne Blvd., Suite 701 Miami, FL 33137 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation attorney Aggregate Year-to-Date > $ 750.00	6/21/93	750.00
B. Full Name, Mailing Address and ZIP Code Tully F. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [x] Primary [ ] General [ ] Other (specify):	NCNB Occupation banker Aggregate Year-to-Date > $ 500.00	4/27/93	500.00
C. Full Name, Mailing Address and ZIP Code Tully F. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [x] Primary [ ] General [ ] Other (specify):	NCNB Occupation banker Aggregate Year-to-Date > $ 500.00	5/13/93	(200.00) redesignated
D. Full Name, Mailing Address and ZIP Code Tully F. Dunlap P. O. Box 430 La Belle, FL 33935 Receipt For: [ ] Primary [x] General [ ] Other (specify):	NCNB Occupation banker Aggregate Year-to-Date > $ 500.00	5/13/93	200.00 redesignated
E. Full Name, Mailing Address and ZIP Code Atwood Dunwody 3810 Alhambra Circle Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mershan, Sawyer et al Occupation attorney Aggregate Year-to-Date > $ 250.00	6/21/93	250.00
F. Full Name, Mailing Address and ZIP Code Thomas M. Dyer 600 New Hampshire Ave., N.W., #1000 Washington, D.C. 20037 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dyer, Ellis, et al Occupation attorney Aggregate Year-to-Date > $ 250.00	3/01/93	250.00
G. Full Name, Mailing Address and ZIP Code Thomas V. Eagan 8120 S.W. 54th Avenue Miami, FL 33143 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	6/09/93	500.00

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Richard Earhart 1438 Crestview Mount Dora, FL 32757 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	4/27/93	500.00
B. Full Name, Mailing Address and ZIP Code Indi Earl 1700 Dolphin Court Naples, FL 33962 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 250.00	5/04/93	250.00
C. Full Name, Mailing Address and ZIP Code E. L. Ecclestone, Jr. P. O. Box 3267 West Palm Beach, FL 33402 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: real estate developer Aggregate Year-to-Date > $ 500.00	5/11/93	500.00
D. Full Name, Mailing Address and ZIP Code E. L. Ecclestone, Jr. P. O. Box 3267 West Palm Beach, FL 33402 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: real estate developer Aggregate Year-to-Date > $ 500.00	6/07/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code E. L. Ecclestone, Jr. P. O. Box 3267 West Palm Beach, FL 33402 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: real estate developer Aggregate Year-to-Date > $ 500.00	6/07/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code Cesar Echeverri, Sr. 3 Grove Isle, Apt. 1601 Coconut Grove, FL 33163 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 1,000.00	5/20/93	1,000.00
G. Full Name, Mailing Address and ZIP Code William P. Edwards 547 First Street, S. St. Petersburg, FL 33701 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: property management Aggregate Year-to-Date > $ 600.00	2/08/93	400.00

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200507

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	self-employed	3/01/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: property management	Aggregate Year-to-Date > $ 600.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	self-employed	3/17/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: property management	Aggregate Year-to-Date > $ 600.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	self-employed	3/17/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: property management	Aggregate Year-to-Date > $ 600.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	self-employed	4/15/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: property management	Aggregate Year-to-Date > $ 600.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Edwards 547 First Street, S. St. Petersburg, FL 33701	self-employed	4/15/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: property management	Aggregate Year-to-Date > $ 600.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308	self-employed	2/26/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 400.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308	self-employed	3/14/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 400.00	

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 3/14/93	Amount of Each Receipt this Period 400.00 redesignated
B. Full Name, Mailing Address and ZIP Code David Efron P. O. Box 29314 Rio Piedras, PR 00929 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Madleini Efron P. O. Box 29314 Rio Piedras, PR 00929 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Michael S. Egan 1575 Ponce de Leon Ft. Lauderdale, FL 33316 $300 refund 7/23/93 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Alamo Rent A Car Occupation ceo Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/02/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Eagle Asset Mgmt. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/28/93	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Eagle Asset Mgmt. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (400.00) redesignated
G. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Eagle Asset Mgmt. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 400.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616	Eagle Asset Mgmt.	2/24/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616	Eagle Asset Mgmt.	3/07/93	(100.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code Herbert E. Ehlers 3 Harborside Belleair, FL 34616	Eagle Asset Mgmt.	3/07/93	100.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code Adel A. El-Etr, M.D. 21 Island Drive Key Biscayne, FL 33149	University of Miami	6/14/93	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 300.00	
E. Full Name, Mailing Address and ZIP Code Edward H. Eliscu, M.D. 1514 Lake Daniel Drive Orlando, FL 32804	Med Center Radiology	6/29/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code David Eller 281 SE 18th Ave. Deerfield Beach, FL 33441	M & W Pump	5/05/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 450.00	
G. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496	self-employed	1/25/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: investor	Aggregate Year-to-Date > $ 500.00	

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation investor Aggregate Year-to-Date $ 500.00	2/08/93	(250.00) redesignated
B. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation investor Aggregate Year-to-Date $ 500.00	2/08/93	250.00 redesignated
C. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation investor Aggregate Year-to-Date $ 500.00	2/10/93	250.00
D. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation investor Aggregate Year-to-Date $ 500.00	3/08/93	(250.00) redesignated
E. Full Name, Mailing Address and ZIP Code George T. Elmore 6001 Clint Moore Road, #1 Boca Raton, FL 33496 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation investor Aggregate Year-to-Date $ 500.00	3/08/93	250.00 redesignated
F. Full Name, Mailing Address and ZIP Code Venkata Rao Emandi, M.D. 5723 Westshore Drive New Port Richey, FL 34652 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 250.00	5/18/93	250.00
G. Full Name, Mailing Address and ZIP Code Patrick G. Emmanuel P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Emmanuel Shepard etal Occupation attorney Aggregate Year-to-Date $ 400.00	1/27/93	400.00

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Patrick G. Emmanuel P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Emmanuel Shepard etal Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (400.00) redesignated
B. Full Name, Mailing Address and ZIP Code Patrick G. Emmanuel P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Emmanuel Shepard etal Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 400.00 redesignated
C. Full Name, Mailing Address and ZIP Code Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 1/11/93	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 2/22/93	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 3/29/93	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 50.00

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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
Mr. Gail M. Engle 5305 Delano Ct. Cape Coral, FL 33904	n/a	6/21/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles L. Erickson 1285 Gulf Shore Blvd., N., 6-D Naples, FL 33940	n/a	1/11/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles L. Erickson 1285 Gulf Shore Blvd., N., 6-D Naples, FL 33940	n/a	2/25/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles L. Erickson 1285 Gulf Shore Blvd., N., 6-D Naples, FL 33940	n/a	3/29/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles L. Erickson 1285 Gulf Shore Blvd., N., 6-D Naples, FL 33940	n/a	5/05/93	25.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles L. Erickson 1285 Gulf Shore Blvd., N., 6-D Naples, FL 33940 $25 refund 7/23/93	n/a	6/08/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 275.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roland A. Erickson 1285 Gulf Shore Blvd. N. Naples, FL 33940	n/a	1/26/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Roland A. Erickson 1285 Gulf Shore Blvd. N. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 400.00	2/05/93	(400.00) redesignated
B. Full Name, Mailing Address and ZIP Code Roland A. Erickson 1285 Gulf Shore Blvd. N. Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 400.00	2/05/93	400.00 redesignated
C. Full Name, Mailing Address and ZIP Code Meryl F. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	3/29/93	500.00
D. Full Name, Mailing Address and ZIP Code Meryl F. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	4/09/93	(75.00) redesignated
E. Full Name, Mailing Address and ZIP Code Meryl F. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	4/09/93	75.00 redesignated
F. Full Name, Mailing Address and ZIP Code Albert Ernest, Jr. P. O. Box 40789 Jacksonville, FL 32231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Albert Ernest Enter. Occupation: president Aggregate Year-to-Date > $ 1,000.00	5/11/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Roberto W. Esteves Box 5178 Aguadilla, PR 00605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ora Evans, Jr. P. O. Box 638 Belleview, FL 32620 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed	3/18/93	500.00
	Occupation ready mix		
	Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code Don R. Everett 2715 S. Byron Butler Pkwy. Perry, FL 32347 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ware Oil & Supply Co.	3/15/93	500.00
	Occupation corp officer		
	Aggregate Year-to-Date > $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Don R. Everett 2715 S. Byron Butler Pkwy. Perry, FL 32347 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ware Oil & Supply Co.	6/24/93	500.00
	Occupation corp officer		
	Aggregate Year-to-Date > $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Don R. Everett 2715 S. Byron Butler Pkwy. Perry, FL 32347 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ware Oil & Supply Co.	7/01/93	(200.00) redesignated
	Occupation corp officer		
	Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Don R. Everett 2715 S. Byron Butler Pkwy. Perry, FL 32347 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Ware Oil & Supply Co.	7/01/93	200.00 redesignated
	Occupation corp officer		
	Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Kamal T. Farah 7360 S.W. 116th Terrace Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested	1/12/93	500.00
	Occupation information requested		
	Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code James F. Farrell, M.D. 1814 Lucerne Terrace Orlando, FL 32806 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed	6/28/93	500.00
	Occupation physician		
	Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Robert K. Farrington 3699 Casey Key Road Nokomis, FL 34275 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 500.00	2/02/93	250.00
B. Full Name, Mailing Address and ZIP Code Robert K. Farrington 3699 Casey Key Road Nokomis, FL 34275 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 500.00	3/30/93	250.00
C. Full Name, Mailing Address and ZIP Code Mindi Fasnacht P. O. Box 3051 Boca Raton, FL 33431 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation housewife Aggregate Year-to-Date > $ 2,000.00	3/31/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Mindi Fasnacht P. O. Box 3051 Boca Raton, FL 33431 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation housewife Aggregate Year-to-Date > $ 2,000.00	3/31/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Warren Federgreen, M.D. 2898 S.E. Italy Port St. Lucie, FL 34952 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	3/19/93	250.00
F. Full Name, Mailing Address and ZIP Code Warren Federgreen, M.D. 2898 S.E. Italy Port St. Lucie, FL 34952 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	6/17/93	750.00
G. Full Name, Mailing Address and ZIP Code Warren Federgreen, M.D. 2898 S.E. Italy Port St. Lucie, FL 34952 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	6/30/93	(600.00) redesignated

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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
Warren Federgreen, M.D. 2898 S.E. Italy Port St. Lucie, FL 34952	self-employed	6/30/93	600.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: physician	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**
Michael Feinberg 3980 N. 32nd Terrace Hollywood, FL 33021	self-employed	5/20/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles V. Fenn 600 Beach Road, Apt. 140 Vero Beach, FL 32963	n/a	3/15/93	25.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles V. Fenn 600 Beach Road, Apt. 140 Vero Beach, FL 32963	n/a	5/07/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles V. Fenn 600 Beach Road, Apt. 140 Vero Beach, FL 32963	n/a	6/11/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BGen Michael L. Ferguson 2350 Bluffs Circle Pensacola, FL 32503	McDonald, Fleming	6/23/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	1/27/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00

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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
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	2/07/93	(225.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	2/07/93	225.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	4/14/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	5/11/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	5/11/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	6/14/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019	n/a	6/26/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 950.00		

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Donald M. Ferguson 3111 N. Ocean Drive, Apt. 804 Hollywood, FL 33019 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 6/26/93	Amount of Each Receipt this Period 500.00 redesignated
B. Full Name, Mailing Address and ZIP Code Angeles Ferlita 4105 W. River View Avenue Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Sam Ferlita Prtnshp. Occupation president Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/02/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code James L. Ferman, Jr. P. O. Box 1321 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ferman Motor Cars Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/14/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Luis A. Ferre P. O. Box 366108 San Juan, PR 00936 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/21/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/29/93	Amount of Each Receipt this Period 150.00
G. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (150.00) redesignated

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9302007518

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	2/08/93	150.00 redesignated
B. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	3/03/93	500.00
C. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	4/09/93	(500.00) redesignated
D. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	4/09/93	500.00 redesignated
E. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	6/11/93	350.00
F. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	6/24/93	(350.00) redesignated
G. Full Name, Mailing Address and ZIP Code Michael W. Fields 849 Bay Esplanade Clearwater Beach, FL 34630 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Lee Arnold & Assoc. Occupation real estate Aggregate Year-to-Date > $ 1,500.00	6/24/93	350.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200705520

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Figg and Muller Occupation engineer Aggregate Year-to-Date > $ 500.00	1/27/93	500.00
B. Full Name, Mailing Address and ZIP Code Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Figg and Muller Occupation engineer Aggregate Year-to-Date > $ 500.00	2/06/93	(500.00) redesignated
C. Full Name, Mailing Address and ZIP Code Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Figg and Muller Occupation engineer Aggregate Year-to-Date > $ 500.00	2/06/93	500.00 redesignated
D. Full Name, Mailing Address and ZIP Code Thomas M. Fiorentino, Jr. 2815 Grand Avenue Jacksonville, FL 32210 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	5/11/93	250.00
E. Full Name, Mailing Address and ZIP Code F. E. Fisher P. O. Box 7690 Clearwater, FL 34618 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 250.00	5/14/93	250.00
F. Full Name, Mailing Address and ZIP Code Rick T. Fitzgerald 6626 The Landings Drive Orlando, FL 32812 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Goldman Sachs Occupation vice-president Aggregate Year-to-Date > $ 500.00	6/02/93	500.00
G. Full Name, Mailing Address and ZIP Code James J. Flanagan 361 White Oak Circle Maitland, FL 32751 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	6/28/93	250.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul A. Flaten 1841 N.E. 45th Street Ft. Lauderdale, FL 33308 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $	1/13/93 750.00	250.00
B. Paul A. Flaten 1841 N.E. 45th Street Ft. Lauderdale, FL 33308 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $	6/17/93 750.00	500.00
C. Dorette K. Fleischmann 770 Spyglass Lane Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $	6/28/93 250.00	250.00
D. William H. Fleming 863 El Greco Dr. Osprey, FL 34229 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $	2/03/93 350.00	100.00
E. William H. Fleming 863 El Greco Dr. Osprey, FL 34229 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $	6/16/93 350.00	250.00
F. Thomas J. Flood 521 Putter Point Place Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Collier Enterprises Occupation: C.O.O. Aggregate Year-to-Date > $	5/27/93 500.00	500.00
G. Ramon Flores-Esteves information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $	6/29/93 1,000.00	1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Carl C. Floyd P. O. Box 367 Haines City, FL 33844 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/12/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Mark W. Flynn 216 S. Woodlynne Avenue Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Claude C. Focardi 2432 Pelham Road, N. St. Petersburg, FL 33710 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Great Bay Distrib. Occupation c.e.o. Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/22/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Elizabeth T. Fogg 1900 Gulfshore Blvd., N. #506 Naples, FL 33940 conduited Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code conduited through: Natl. Republican Senatorial Comm. 440 First St., N.W., Suite 600 Washington, DC 20001 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Robert E. Foran 285 Riverside Drive, 13A New York, NY 10025 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Rion J. Forconi 10532 Stradford Row Orlando, FL 32817 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 250.00

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

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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
Maria G. Ford 2970 St. Johns Ave., 3-G Jacksonville, FL 32205	n/a	6/14/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	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**
Joyce B. Forlizzo 880 Sand Pine Drive, N.E. St. Petersburg, FL 33703	information requested	5/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. E. Forsyth 8280 Glenfinnan Cr. SE Ft. Myers, FL 33912	n/a	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. E. Forsyth 8280 Glenfinnan Cr. SE Ft. Myers, FL 33912	n/a	2/10/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. E. Forsyth 8280 Glenfinnan Cr. SE Ft. Myers, FL 33912	n/a	2/10/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940	n/a	1/25/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	850.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940	n/a	5/11/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	850.00

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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
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940	n/a	5/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	850.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940	n/a	6/10/93	(450.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	850.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940	n/a	6/10/93	450.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	850.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. W. Fowler P. O. Box 508 Atlantic Beach, FL 32233	Fowler & Assoc., Inc.	3/22/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: c.e.o.	Aggregate Year-to-Date > $	300.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Feliciano M. Foyo P. O. Box 420186 Coral Gables, FL 33242	Banner Beef Co.	5/05/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: secretary/treasurer	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**
Feliciano M. Foyo P. O. Box 420186 Coral Gables, FL 33242	Banner Beef Co.	6/07/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: secretary/treasurer	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**
Feliciano M. Foyo P. O. Box 420186 Coral Gables, FL 33242	Banner Beef Co.	6/07/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: secretary/treasurer	Aggregate Year-to-Date > $	2,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code James C. France Post Office Box S Daytona Beach, FL 32015	I'natl Speedway Corp.	3/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code James C. France Post Office Box S Daytona Beach, FL 32015	I'natl Speedway Corp.	4/12/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code James C. France Post Office Box S Daytona Beach, FL 32015	I'natl Speedway Corp.	4/12/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code Harvey Frank P. O. Box 2063 Daytona Beach, FL 32115	CP Food Service	2/08/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code Israel Franquiz 14417 S.W. 46th Terrace Miami, FL 33175	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code George Freeland 13880 S. Tamiami Trail Ft. Myers, FL 33912	Freeland Motors	2/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: automobile dealer Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code Doris W. Frey 654 Kinzie Island Court Sanibel, FL 33957	information requested	6/21/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 1,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Louis Frey 139 Genius Drive Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lownes et al attorney Aggregate Year-to-Date > $	5/17/93 500.00	500.00
B. Marcia Frey 139 Genius Drive Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a housewife Aggregate Year-to-Date > $	5/17/93 500.00	500.00
C. Gloria Friedman 7610 S.W. 133rd Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a housewife Aggregate Year-to-Date > $	2/24/93 1,142.00	2,000.00
D. Gloria Friedman 7610 S.W. 133rd Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a housewife Aggregate Year-to-Date > $	3/06/93 1,142.00	(1,000.00) redesignated
E. Gloria Friedman 7610 S.W. 133rd Street Miami, FL 33156 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a housewife Aggregate Year-to-Date > $	3/06/93 1,142.00	1,000.00 redesignated
F. Harvey Friedman 7610 S.W. 133rd Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	2/24/93 2,000.00	2,000.00
G. Harvey Friedman 7610 S.W. 133rd Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	3/17/93 2,000.00	(1,000.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Friedman 7610 S.W. 133rd Street Miami, FL 33156	n/a	3/17/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Theodore S. Fries 5465 N.E. First Lane Ocala, FL 34471	Emergency One, Inc.	3/29/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard H. Furney, M.D. 8339 Caracas Drive Orlando, FL 32825	self-employed	1/15/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard H. Furney, M.D. 8339 Caracas Drive Orlando, FL 32825	self-employed	5/07/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard H. Furney, M.D. 8339 Caracas Drive Orlando, FL 32825	self-employed	6/15/93	50.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	2/05/93	125.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: corp. president	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	3/03/93	125.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: corp. president	Aggregate Year-to-Date > $	250.00

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SCHEDULE A

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

930200705288

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	3/17/93	(125.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: corp. president 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
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	3/17/93	125.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: corp. president Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	4/20/93	(125.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: corp. president Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Gabel P. O. Box 2627 Sarasota, FL 34230	Ongoing Companies Inc	4/20/93	125.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: corp. president Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Gaffney 2091 Oceanview Drive, N. Tierra Verde, FL 33715	n/a	5/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Galbraith One Beach Dr., #1802 St. Petersburg, FL 33701	self-employed	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 0.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Galbraith One Beach Dr., #1802 St. Petersburg, FL 33701	self-employed	6/18/93	(250.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 0.00		

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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
Rosemary Galbraith One Beach Drive, S.E., #1802 St. Petersburg, FL 33701	Templeton Mutual Fund	6/18/93	250.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: mutual funds	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**
T. James Gallagher 2015 N.W. 24th Avenue Gainesville, FL 32605	Univ. of Florida	2/08/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nolan C. Galloway 240 S.E. 17th Street Ocala, FL 34471	information requested	6/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Israel Ganapolsky Madison K-25, Urb. Parkville Guaynabo, PR 00969	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
Hasmukh Gandhi 303 Forest Park Avenue Temple Terrace, FL 33617	Florida Fastners	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hasmukh Gandhi 303 Forest Park Avenue Temple Terrace, FL 33617	Florida Fastners	4/30/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hasmukh Gandhi 303 Forest Park Avenue Temple Terrace, FL 33617	Florida Fastners	4/30/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Antonio N. Garcia 2828 S.W. 112th Ave. Miami, FL 33165 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation developer Aggregate Year-to-Date > $ 500.00	1/12/93	500.00
B. Full Name, Mailing Address and ZIP Code Horacio S. Garcia 83909 S.W. 53rd Street Miami, FL 33166 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Garcia Menendez Ent. Occupation information requested Aggregate Year-to-Date > $ 500.00	5/05/93	500.00
C. Full Name, Mailing Address and ZIP Code Jose Garcia-Pedrosa 37 E. Rivo Alto Drive Miami Beach, FL 33139 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tew & Garcia-Pedrosa Occupation attorney Aggregate Year-to-Date > $ 500.00	3/15/93	500.00
D. Full Name, Mailing Address and ZIP Code Jeffrey Gargiulo 1442 Galleon Drive Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Gargiulo, Inc. Occupation president Aggregate Year-to-Date > $ 1,000.00	2/08/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Jeffrey Gargiulo 1442 Galleon Drive Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Gargiulo, Inc. Occupation president Aggregate Year-to-Date > $ 1,000.00	3/08/93	(1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code Jeffrey Gargiulo 1442 Galleon Drive Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Gargiulo, Inc. Occupation president Aggregate Year-to-Date > $ 1,000.00	3/08/93	1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code W. W. Gay 524 Stockton Street Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Gay Mechanical Contr. Occupation president Aggregate Year-to-Date > $ 1,200.00	3/31/93	100.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code W. W. Gay 524 Stockton Street Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Gay Mechanical Contr. Occupation president Aggregate Year-to-Date > $ 1,200.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code W. W. Gay 524 Stockton Street Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Gay Mechanical Contr. Occupation president Aggregate Year-to-Date > $ 1,200.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code W. W. Gay 524 Stockton Street Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Gay Mechanical Contr. Occupation president Aggregate Year-to-Date > $ 1,200.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period (200.00) redesignated
D. Full Name, Mailing Address and ZIP Code W. W. Gay 524 Stockton Street Jacksonville, FL 32204 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Gay Mechanical Contr. Occupation president Aggregate Year-to-Date > $ 1,200.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 200.00 redesignated
E. Full Name, Mailing Address and ZIP Code Robert H. Gaynor 5041 Harbortown Lane Ft. Myers, FL 33919 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation consultant Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Mario F. Gaztambide Ave De Diego 104 San Francisco Rio Piedras, PR 00927 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code R. Wilson Geldner, M.D. 1517 E. Robinson Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/02/93	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

9302005 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Genzman 1851 Wind Harbor Road Orlando, FL 32809	Dept. of Justice	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Judith L. George 120 Arvida Parkway Coral Gables, FL 33156	Trivest, Inc.	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investor Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret F. Gibbons 3400 Gulf Shore Blvd. N., Apt. M2 Naples, FL 33940	n/a	2/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret F. Gibbons 3400 Gulf Shore Blvd. N., Apt. M2 Naples, FL 33940	n/a	3/08/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret F. Gibbons 3400 Gulf Shore Blvd. N., Apt. M2 Naples, FL 33940	n/a	3/08/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: housewife Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George W. Gibbs, III P. O. Box 138 Ft. George Island, FL 32226	Atlantic Marine, Inc.	5/17/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: corp president 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**
George W. Gibbs, III P. O. Box 138 Ft. George Island, FL 32226	Atlantic Marine, Inc.	6/15/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: corp president Aggregate Year-to-Date > $ 1,000.00		

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

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

9302007052

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George W. Gibbs, III P. O. Box 138 Ft. George Island, FL 32226	Atlantic Marine, Inc.	6/15/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: corp president		
	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**
Gerry S. Gibson 10434 S.E. Banyan Way Tequesta, FL 33469	Steel Hector Davis	5/27/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ 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**
P. Michael Giftos 2831 S.R. 13 Switzerland, FL 32259	information requested	5/11/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested		
	Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lcdo. Gerard Gil Banco Popular Center, Suite 1832 Hato Rey, PR 00918	information requested	6/29/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested		
	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**
Joel B. Giles 626 17th Avenue, N.E. St. Petersburg, FL 33704	Powell, Carney et al	5/20/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney		
	Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Susan M. Girsch 5095 S.W. 82nd Street Miami, FL 33143	information requested	6/09/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested		
	Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Corbin Glos 3310 Lykes Avenue Tampa, FL 33611	self-employed	1/14/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney		
	Aggregate Year-to-Date > $ 750.00		

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 Detailed Summary Page

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code R. Corbin Glos 3310 Lykes Avenue Tampa, FL 33611 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation attorney Aggregate Year-to-Date > $ 750.00	5/05/93	500.00
B. Full Name, Mailing Address and ZIP Code Edward L. Goehring 40 Hunters Trail Longwood, FL 32779 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Lifeco Ins. Corp. Occupation president Aggregate Year-to-Date > $ 250.00	5/12/93	250.00
C. Full Name, Mailing Address and ZIP Code Jerome H. Goldberg 122 Spyglass Lane Jupiter, FL 33477 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Fla. Power & Light Occupation president, nucl. div. Aggregate Year-to-Date > $ 500.00	2/10/93	500.00
D. Full Name, Mailing Address and ZIP Code Morton A. Goldberg P. O. Box 2366 Ft. Myers, FL 33902 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Goldberg, Goldstein Occupation attorney Aggregate Year-to-Date > $ 500.00	3/31/93	250.00
E. Full Name, Mailing Address and ZIP Code Morton A. Goldberg P. O. Box 2366 Ft. Myers, FL 33902 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Goldberg, Goldstein Occupation attorney Aggregate Year-to-Date > $ 500.00	6/17/93	250.00
F. Full Name, Mailing Address and ZIP Code Morton A. Goldberg P. O. Box 2366 Ft. Myers, FL 33902 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Goldberg, Goldstein Occupation attorney Aggregate Year-to-Date > $ 500.00	7/01/93	(125.00) redesignated
G. Full Name, Mailing Address and ZIP Code Morton A. Goldberg P. O. Box 2366 Ft. Myers, FL 33902 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Goldberg, Goldstein Occupation attorney Aggregate Year-to-Date > $ 500.00	7/01/93	125.00 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Goldbloom information requested	self-employed	2/24/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	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
Carter H. Golembe 2000 S. Ocean Blvd. Delray Beach, FL 33483 $100 refund 7/23/93	self-employed	6/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: writer	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat Healy Golembe 2000 S. Ocean Blvd., #301 Delray Beach, FL 33483	information requested	1/22/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luis Andrews Vargas Gomez 836 Paradiso Avenue Coral Gables, FL 33146	City of Miami	5/26/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: consultant	Aggregate Year-to-Date > $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Gonzalez 625 E. Twiggs Street, Suite A Tampa, FL 33602	self-employed	6/30/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
O. Gonzalez, M.D. 600 Grapetree Drive, #5DN Key Biscayne, FL 33149	information requested	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis W. Goodman P. O. Box 3588 Sarasota, FL 34230	Twin City Dist., Inc.	1/28/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: wholesaler	Aggregate Year-to-Date > $ 500.00	

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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
Ellis W. Goodman P. O. Box 3588 Sarasota, FL 34230	Twin City Dist., Inc.	2/05/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: wholesaler Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis W. Goodman P. O. Box 3588 Sarasota, FL 34230	Twin City Dist., Inc.	2/05/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: wholesaler Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray H. Goodman 911 N. Ocean Blvd. Palm Beach, FL 33481	The Goodman Co.	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray H. Goodman 911 N. Ocean Blvd. Palm Beach, FL 33481	The Goodman Co.	6/16/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray H. Goodman 911 N. Ocean Blvd. Palm Beach, FL 33481	The Goodman Co.	6/16/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: developer Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul R. Goodwin 125 Nandina Circle Ponte Vedra Beach, FL 32082	information requested	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John N. Goudie 5800 S.W. 86th Srteet Miami, FL 33143	self-employed	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate broker Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Thomas R. Grady P. O. Box 10909 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Grady & Assoc. Occupation: attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 2/10/93	Amount of Each Receipt this Period: 1,000.00
B. Full Name, Mailing Address and ZIP Code Thomas R. Grady P. O. Box 10909 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Grady & Assoc. Occupation: attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 3/07/93	Amount of Each Receipt this Period: (350.00) redesignated
C. Full Name, Mailing Address and ZIP Code Thomas R. Grady P. O. Box 10909 Naples, FL 33941 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Grady & Assoc. Occupation: attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 3/07/93	Amount of Each Receipt this Period: 350.00 redesignated
D. Full Name, Mailing Address and ZIP Code Charles L. Grannon 248 Key Palm Road Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year): 6/21/93	Amount of Each Receipt this Period: 250.00
E. Full Name, Mailing Address and ZIP Code David Greene 10761 N.W. 7th Court Plantation, FL 33324 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year): 2/24/93	Amount of Each Receipt this Period: 250.00
F. Full Name, Mailing Address and ZIP Code Richard S. Greene, M.D. 1018 Pine Branch Court Ft. Lauderdale, FL 33326 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: self-employed Occupation: physician Aggregate Year-to-Date > $ 400.00	Date (month, day, year): 2/24/93	Amount of Each Receipt this Period: 400.00
G. Full Name, Mailing Address and ZIP Code Dorothy B. Griffin P. O. Box 128 Frostproof, FL 33843 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: self-employed Occupation: citrus Aggregate Year-to-Date > $ 330.00	Date (month, day, year): 2/08/93	Amount of Each Receipt this Period: 330.00

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9302007537

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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
H. Terrell Griffin 255 S. Orange Avenue, Suite 1550 Orlando, FL 32801	Griffin & Linder, PA	4/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H. Terrell Griffin 255 S. Orange Avenue, Suite 1550 Orlando, FL 32801	Griffin & Linder, PA	5/25/93	(160.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H. Terrell Griffin 255 S. Orange Avenue, Suite 1550 Orlando, FL 32801	Griffin & Linder, PA	5/25/93	160.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William D. Griffin P. O. Box 1598 Sarasota, FL 34230	Riscorp	2/01/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance mgmt.	Aggregate Year-to-Date $	400.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William D. Griffin P. O. Box 1598 Sarasota, FL 34230	Riscorp	3/08/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance mgmt.	Aggregate Year-to-Date $	400.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William D. Griffin P. O. Box 1598 Sarasota, FL 34230	Riscorp	3/08/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance mgmt.	Aggregate Year-to-Date $	400.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843	self-employed	5/03/93	670.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: citrus	Aggregate Year-to-Date $	670.00

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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
W. Thomas Grimm 25011 Pennyroyal Drive Bonita Springs, FL 33923	self-employed	1/27/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate 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
Samuel A. Groves 200 N. Ocean Blvd. Delray Beach, FL 33444	n/a	2/01/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel A. Groves 200 N. Ocean Blvd. Delray Beach, FL 33444	n/a	6/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Ann Gunnell 2240 N.W. 23rd Way Boca Raton, FL 33431	information requested	1/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rajendra P. Gupta 10151 S.W. Third Street Plantation, FL 33324	information requested	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene C. Guy 720 S. Brevard Avenue Tampa, FL 33606	GTE South	6/07/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: resource manager Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles H. Guy, III 720 S. Brevard Avenue Tampa, FL 33606	Guy & Co.	1/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance Aggregate Year-to-Date > $ 2,000.00		

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930200705399

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Charles H. Guy, III 720 S. Brevard Avenue Tampa, FL 33606 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Guy & Co. Occupation insurance Aggregate Year-to-Date > $ 2,000.00	2/25/93	1,500.00
B. Full Name, Mailing Address and ZIP Code Charles H. Guy, III 720 S. Brevard Avenue Tampa, FL 33606 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Guy & Co. Occupation insurance Aggregate Year-to-Date > $ 2,000.00	3/11/93	(1,000.00) redesignated
C. Full Name, Mailing Address and ZIP Code Charles H. Guy, III 720 S. Brevard Avenue Tampa, FL 33606 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Guy & Co. Occupation insurance Aggregate Year-to-Date > $ 2,000.00	3/11/93	1,000.00 redesignated
D. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Teco Energy, Inc. Occupation president Aggregate Year-to-Date > $ 680.00	4/26/93	330.00
E. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Teco Energy, Inc. Occupation president Aggregate Year-to-Date > $ 680.00	5/11/93	(330.00) redesignated
F. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Teco Energy, Inc. Occupation president Aggregate Year-to-Date > $ 680.00	5/11/93	330.00 redesignated
G. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Teco Energy, Inc. Occupation president Aggregate Year-to-Date > $ 680.00	6/16/93	350.00

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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
Richard M. Haber 1331 N. Church Avenue Tampa, FL 33607	Cramer, Haber et al	6/03/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney 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**
Robert C. Hackney 4119 Lakespur Cr., South Palm Beach Gardens, FL 33410	DeSantis, Cook et al	4/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Hackney 4119 Lakespur Cr., South Palm Beach Gardens, FL 33410	DeSantis, Cook et al	5/21/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Hackney 4119 Lakespur Cr., South Palm Beach Gardens, FL 33410	DeSantis, Cook et al	5/21/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
T. Richard Hagin P. O. Box 248 Bushnell, FL 33513	Hagin, Hughes, et al	6/22/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Said Ismail Hakky 8547 Merrimoor Blvd., East Largo, FL 34647	Bay Pines Med Center	2/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: surgeon Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
M. C. Hall 1230 Immokalee Road Naples, FL 33963	Regency Packing Co.	4/05/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 500.00		

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. C. Hall 1230 Immokalee Road Naples, FL 33963	Regency Packing Co.	6/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan D. Hamilton 200 Palm Island, N.W. Clearwater, FL 34630	Palm Pavilion	2/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: vice-president	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sammy Hamilton, Jr. 2501 Woodland Estates Road Naples, FL 33964	Everglades Natl Park	2/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: concessioner	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701	self-employed	5/06/93	410.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 410.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Hammock 44 Broad Street, N.W., #208 Atlanta, GA 30303	Omni Resource Group	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacqueline J. Hammond 1000 Lowry Street, #5D Delray Beach, FL 33483	n/a	6/10/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Hammond 1000 Lowry Street, #5D Delray Beach, FL 33483	n/a	1/14/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,300.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Thomas L. Hammond 1000 Lowry Street, #5D Delray Beach, FL 33483 $1000 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	6/10/93 1,300.00	1,000.00
B. Full Name, Mailing Address and ZIP Code Grattan Hammond, Jr. 205 N. Ivanhoe Blvd. Orlando, FL 32804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Hammond Electronics Occupation president Aggregate Year-to-Date > $	6/10/93 1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code Homer J. Hand P. O. Box 572 Belle Glade, FL 33430 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation real estate Aggregate Year-to-Date > $	3/22/93 250.00	250.00
D. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $	4/12/93 860.00	330.00
E. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $	5/10/93 860.00	(330.00) redesignated
F. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $	5/10/93 860.00	330.00 redesignated
G. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $	6/17/93 860.00	1,000.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $ 860.00	6/29/93	(530.00) redesignated
B. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $ 860.00	6/29/93	530.00 redesignated
C. Full Name, Mailing Address and ZIP Code F. Philip Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation financier Aggregate Year-to-Date > $ 860.00	6/30/93	(470.00) reattributed
D. Full Name, Mailing Address and ZIP Code Gail Handy P. O. Box 3090 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 470.00	6/30/93	470.00 reattributed
E. Full Name, Mailing Address and ZIP Code Thomas J. Hanford 3908 S. Ocean Blvd PH TH1 Boca Raton, FL 33487 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Wastemagic Recyclers Occupation information requested Aggregate Year-to-Date > $ 250.00	1/27/93	250.00
F. Full Name, Mailing Address and ZIP Code Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Templeton Inatl. Occupation investment counselor Aggregate Year-to-Date > $ 1,500.00	1/21/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Templeton Inatl. Occupation investment counselor Aggregate Year-to-Date > $ 1,500.00	4/02/93	500.00

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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
Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301	Templeton Inatl.	6/03/93	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: investment counselor	Aggregate Year-to-Date > $	1,500.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary C. Harness 1255 Gulf Shore Blvd., N., #2N Naples, FL 33940	n/a	5/12/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $	250.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecil S. Harrell 910 South Himes Tampa, FL 33629	PMSI, Inc.	6/03/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	500.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Daniel Harrell P. O. Box 2768 Pensacola, FL 32513	self-employed	1/11/93	200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: oil operator	Aggregate Year-to-Date > $	475.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Daniel Harrell P. O. Box 2768 Pensacola, FL 32513	self-employed	4/02/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: oil operator	Aggregate Year-to-Date > $	475.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Daniel Harrell P. O. Box 2768 Pensacola, FL 32513	self-employed	6/17/93	175.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: oil operator	Aggregate Year-to-Date > $	475.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harriett G. Harris 1990 El Paso Bartow, FL 33830	n/a	1/25/93	330.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $	350.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200705546

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Harriett G. Harris 1990 El Paso Bartow, FL 33830 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 350.00	2/20/93	(330.00) redesignated
B. Full Name, Mailing Address and ZIP Code Harriett G. Harris 1990 El Paso Bartow, FL 33830 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 350.00	2/20/93	330.00 redesignated
C. Full Name, Mailing Address and ZIP Code Harriett G. Harris 1990 El Paso Bartow, FL 33830 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 350.00	5/13/93	20.00
D. Full Name, Mailing Address and ZIP Code James H. Harrison 18 Wall Street Plaza Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Harvey Oil Co. Occupation: president Aggregate Year-to-Date > $ 1,000.00	1/28/93	500.00
E. Full Name, Mailing Address and ZIP Code James H. Harrison 18 Wall Street Plaza Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Harvey Oil Co. Occupation: president Aggregate Year-to-Date > $ 1,000.00	2/25/93	(500.00) redesignated
F. Full Name, Mailing Address and ZIP Code James H. Harrison 18 Wall Street Plaza Orlando, FL 32801 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Harvey Oil Co. Occupation: president Aggregate Year-to-Date > $ 1,000.00	2/25/93	500.00 redesignated
G. Full Name, Mailing Address and ZIP Code James H. Harrison 18 Wall Street Plaza Orlando, FL 32801 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Harvey Oil Co. Occupation: president Aggregate Year-to-Date > $ 1,000.00	5/03/93	500.00

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

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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
C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446	self-employed	2/11/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate investor	Aggregate Year-to-Date > $	660.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446	self-employed	3/24/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate investor	Aggregate Year-to-Date > $	660.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446	self-employed	3/24/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: real estate investor	Aggregate Year-to-Date > $	660.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446	self-employed	4/30/93	330.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: real estate investor	Aggregate Year-to-Date > $	660.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Steven Hart 1155 21st Street, N.W., Suite 300 Washington, D.C. 20036	Williams & Jensen	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	Robert H. Hart & Sons	5/17/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: oil jobber	Aggregate Year-to-Date > $	330.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	Robert H. Hart & Sons	6/17/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: oil jobber	Aggregate Year-to-Date > $	330.00

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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
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	Robert H. Hart & Sons	6/17/93	330.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: oil jobber	Aggregate Year-to-Date > $	330.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William M. Hart information requested	information requested	5/11/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Hartenstein 6754 Lenczyk Drive Jacksonville, FL 32211	information requested	5/11/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	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**
Frank W. Harvey 5210 Interbay Blvd., IV Tampa, FL 33611	n/a	5/25/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629	n/a	1/27/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629	n/a	3/02/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629	n/a	4/13/93	(250.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $	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

A. Full Name, Mailing Address and ZIP Code Betty Jane Hater 4814 Culbreath Isles Road Tampa, FL 33629 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/13/93	Amount of Each Receipt this Period 250.00 redesignated
B. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/19/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/14/93	Amount of Each Receipt this Period (52.00) redesignated
E. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/14/93	Amount of Each Receipt this Period 52.00 redesignated
F. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/26/93	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/12/93	Amount of Each Receipt this Period (50.00) redesignated

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. C. D. Hawkes 240 Seaview Court, #511 Marco Island, FL 33937 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date $ 250.00	5/12/93	50.00 redesignated
B. Edward W. Hazard 4710 N.W. Second Avenue Boca Raton, FL 33431 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Jamestown Metal Sales Occupation: executive Aggregate Year-to-Date $ 1,000.00	6/23/93	1,000.00
C. Thomas R. Hazelrig P. O. Box 1109 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dulin, Inc. Occupation: food broker Aggregate Year-to-Date $ 250.00	5/06/93	250.00
D. Jack B. Healan, Jr. 75 Sea Marsh Road Amelia Island, FL 32034 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Amelia Island Plant. Occupation: general manager Aggregate Year-to-Date $ 700.00	5/19/93	700.00
E. Bonnie M. Heath P. O. Box 770044 Ocala, FL 32677 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: investor Aggregate Year-to-Date $ 500.00	3/25/93	500.00
F. Francis X. Heidrich, Sr. 800 Westwind Court Maitland, FL 32751 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $ 250.00	6/21/93	250.00
G. Robert T. Held 23 Seneca Road Sea Ranch Lakes, FL 33308 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $ 1,000.00	5/20/93	1,000.00

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan C. Helman 25943 Lolissa Lane Maitland, FL 32751 Receipt For: [x] Primary [ ] General [ ] Other (specify):	HHCP/Architects architect Aggregate Year-to-Date > $ 250.00	6/01/93	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Hendry P. O. Box 369 Thonotosassa, FL 33592 Receipt For: [x] Primary [ ] General [ ] Other (specify):	HNH Marine contractor Aggregate Year-to-Date > $ 430.00	1/22/93	330.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Hendry P. O. Box 369 Thonotosassa, FL 33592 Receipt For: [x] Primary [ ] General [ ] Other (specify):	HNH Marine contractor Aggregate Year-to-Date > $ 430.00	2/10/93	(330.00) redesignated
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Hendry P. O. Box 369 Thonotosassa, FL 33592 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HNH Marine contractor Aggregate Year-to-Date > $ 430.00	2/10/93	330.00 redesignated
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Hendry P. O. Box 369 Thonotosassa, FL 33592 Receipt For: [ ] Primary [x] General [ ] Other (specify):	HNH Marine contractor Aggregate Year-to-Date > $ 430.00	4/30/93	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert R. Hendry 200 E. Robinson Street, Suite 500 Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Hendry, Stoner et al attorney Aggregate Year-to-Date > $ 500.00	6/02/93	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francisco Hernandez 8201 S.W. 100th Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested Aggregate Year-to-Date > $ 500.00	5/05/93	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Alberto M. Hernandez, M.D. 3860 W. Flagler Street Miami, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation physician Aggregate Year-to-Date > $ 500.00	5/05/93	500.00
B. Full Name, Mailing Address and ZIP Code Hans H. Hertell information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00
C. Full Name, Mailing Address and ZIP Code James L. Hewitt 1130 Belleaire Circle Orlando, FL 32804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer United American Bank Occupation chairman Aggregate Year-to-Date > $ 500.00	3/09/93	500.00
D. Full Name, Mailing Address and ZIP Code Robert W. Hewitt 1355 Spring Lake Drive Orlando, FL 32804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Hewitt Properties Occupation real estate Aggregate Year-to-Date > $ 1,000.00	6/02/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Robert W. Hewitt 1355 Spring Lake Drive Orlando, FL 32804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Hewitt Properties Occupation real estate Aggregate Year-to-Date > $ 1,000.00	6/30/93	(150.00) redesignated
F. Full Name, Mailing Address and ZIP Code Robert W. Hewitt 1355 Spring Lake Drive Orlando, FL 32804 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Hewitt Properties Occupation real estate Aggregate Year-to-Date > $ 1,000.00	6/30/93	150.00 redesignated
G. Full Name, Mailing Address and ZIP Code Randy Heysek, M.D. 3009 Forest Club Drive Plant City, FL 33567 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	2/05/93	250.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Randy Heysek, M.D. 3009 Forest Club Drive Plant City, FL 33567 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed physician $ 500.00	5/06/93	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George F. Hickey 3229 Fountain Blvd. Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bond Auto Sales manager $ 500.00	6/03/93	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tolliver L. Higgins 1170 Via Salerno Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested $ 250.00	6/28/93	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph M. Hixon 47 Ponte Verde Blvd. Ponte Vedre Beach, FL 32082 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed investor $ 500.00	6/07/93	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Earl M. Hoaglin 30 Midway Island Clearwater, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Rads Mobil X-Ray president $ 650.00	3/04/93	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Earl M. Hoaglin 30 Midway Island Clearwater, FL 34630 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Rads Mobil X-Ray president $ 650.00	5/10/93	150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Margaret D. Hobbs 2611 Bayshore Blvd., Unit 303 Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested $ 250.00	4/02/93	250.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code L. J. Hochberg 275 N. Deere Park E. Highland Park, IL 60035 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	3/25/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Dale E. Hocking 22 Sea Winds Lane, West Ponte Vedra Beach, FL 32082 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Methodist Med. Ctr. Occupation vice-president Aggregate Year-to-Date > $ 500.00	5/17/93	500.00
C. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 900.00	1/15/93	500.00
D. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 900.00	2/08/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 900.00	2/08/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 900.00	2/22/93	250.00
G. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 900.00	3/10/93	(250.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 3/10/93	Amount of Each Receipt this Period 250.00 redesignated
B. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 150.00
C. Full Name, Mailing Address and ZIP Code Alfred Hoffman, Jr. P. O. Box 2270 Plant City, FL 33564 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL Design Communities Occupation ceo Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code James E. Hohimer 3939 Eden Roc Circle, West Tampa, FL 3364 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Payroll One Occupation payroll services Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/15/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code John L. Holcomb 101 E. Kennedy Blvd., Suite 3700 Tampa, FL 33602 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Hal Holder, Sr. 5210 Interbay, #8 Tampa, FL 33611 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/16/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John B. Hollinsworth 766 Cape View Drive Ft. Myers, FL 33919 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/26/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Mary J. Hollis 250 Park Shore, #402 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/26/93	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Mary J. Hollis 250 Park Shore, #402 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code M. Clayton Hollis, Jr. 3745 Bobbin Hill Road Tallahassee, FL 32312 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Publix Supermarkets Occupation supermarketing Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/04/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code M. Clayton Hollis, Jr. 3745 Bobbin Hill Road Tallahassee, FL 32312 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Publix Supermarkets Occupation supermarketing Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period (500.00) redesignated
E. Full Name, Mailing Address and ZIP Code M. Clayton Hollis, Jr. 3745 Bobbin Hill Road Tallahassee, FL 32312 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Publix Supermarkets Occupation supermarketing Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 500.00 redesignated
F. Full Name, Mailing Address and ZIP Code M. Clayton Hollis, Jr. 3745 Bobbin Hill Road Tallahassee, FL 32312 $500 refund 7/15/93 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Publix Supermarkets Occupation supermarketing Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/21/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Rogers B. Holmes, Sr. 1253 Southshore Drive Orange Park, FL 32073 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holmes Lumber Co. Occupation lumber Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rogers B. Holmes, Sr. 1253 Southshore Drive Orange Park, FL 32073 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holmes Lumber Co. Occupation lumber Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period (1,000.00) redesignated
B. Full Name, Mailing Address and ZIP Code Rogers B. Holmes, Sr. 1253 Southshore Drive Orange Park, FL 32073 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Holmes Lumber Co. Occupation lumber Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 1,000.00 redesignated
C. Full Name, Mailing Address and ZIP Code Susan LeGrande Honska 204 Quayside Circle, #502 Maitland, FL 32751 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Glenda E. Hood 1210 Lancaster Drive Orlando, FL 32806 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Harriet M. Hopeman 966 Lake House Drive N. Palm Beach, FL 33408 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 2/12/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Harriet M. Hopeman 966 Lake House Drive N. Palm Beach, FL 33408 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code S. Jack Horne 651 Lone Palm Drive Lakeland, FL 33801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Shearson Lehman Occupation financial consultant Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Norma M. Horvitz One East Broward Blvd., Suite 1101 Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/21/93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code William D. Horvitz One East Broward Blvd., Suite 1101 Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Hollywood, Inc. Occupation president Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code William D. Horvitz One East Broward Blvd., Suite 1101 Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Hollywood, Inc. Occupation president Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period (800.00) redesignated
D. Full Name, Mailing Address and ZIP Code William D. Horvitz One East Broward Blvd., Suite 1101 Ft. Lauderdale, FL 33301 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Hollywood, Inc. Occupation president Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 800.00 redesignated
E. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Wm. R. Hough & Co. Occupation community relations Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/04/93	Amount of Each Receipt this Period 330.00
F. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Wm. R. Hough & Co. Occupation community relations Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period (330.00) redesignated
G. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Wm. R. Hough & Co. Occupation community relations Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 330.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation community relations Aggregate Year-to-Date > $ 1,000.00	5/10/93	670.00
B. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	3/30/93	333.00
C. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	4/08/93	(333.00) redesignated
D. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	4/08/93	333.00 redesignated
E. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	5/10/93	667.00
F. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	6/10/93	(667.00) redesignated
G. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > $ 1,000.00	6/10/93	667.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William K. Howell 1050 Beach Road, Apt. G-3 Vero Beach, FL 32963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/13/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Patrick C. Hucker 2351 NW 38th St. Boca Raton, FL 33431 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Showcase Homes Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Patrick Hucker, Sr. 112 Clubhouse Court Taylors, SC 29687 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Showcase Homes Occupation corp. president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Patrick Hucker, Sr. 112 Clubhouse Court Taylors, SC 29687 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Showcase Homes Occupation corp. president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period (300.00) redesignated
E. Full Name, Mailing Address and ZIP Code Patrick Hucker, Sr. 112 Clubhouse Court Taylors, SC 29687 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Showcase Homes Occupation corp. president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 300.00 redesignated
F. Full Name, Mailing Address and ZIP Code Wayne Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Huizenga Holdings Occupation executive Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 1/15/93	Amount of Each Receipt this Period 800.00
G. Full Name, Mailing Address and ZIP Code H. Wayne Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Huizenga Holdings Occupation executive Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period (200.00) redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code H. Wayne Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Huizenga Holdings Occupation executive Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 200.00 redesignated
B. Full Name, Mailing Address and ZIP Code H. Wayne Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Huizenga Holdings Occupation executive Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 2/23/93	Amount of Each Receipt this Period (600.00) reattributed
C. Full Name, Mailing Address and ZIP Code Marti Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 2/23/93	Amount of Each Receipt this Period 600.00 reattributed
D. Full Name, Mailing Address and ZIP Code Louise Ireland Humphrey Woodfield Springs Plantation Miccosukee, FL 32309 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation plantation owner Aggregate Year-to-Date > $ 870.00	Date (month, day, year) 5/03/93	Amount of Each Receipt this Period 870.00
E. Full Name, Mailing Address and ZIP Code Louise Ireland Humphrey Woodfield Springs Plantation Miccosukee, FL 32309 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation plantation owner Aggregate Year-to-Date > $ 870.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period (870.00) redesignated
F. Full Name, Mailing Address and ZIP Code Louise Ireland Humphrey Woodfield Springs Plantation Miccosukee, FL 32309 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation plantation owner Aggregate Year-to-Date > $ 870.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period 870.00 redesignated
G. Full Name, Mailing Address and ZIP Code Homer H. Humphries, Jr. 801 Blackstone Blvd. Jacksonville, FL 32202 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > $ 1,200.00	Date (month, day, year) 3/01/93	Amount of Each Receipt this Period 400.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Homer H. Humphries, Jr. 801 Blackstone Blvd. Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: attorney Aggregate Year-to-Date > $ 1,200.00	4/12/93	(200.00) redesignated
B. Full Name, Mailing Address and ZIP Code Homer H. Humphries, Jr. 801 Blackstone Blvd. Jacksonville, FL 32202 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: attorney Aggregate Year-to-Date > $ 1,200.00	4/12/93	200.00 redesignated
C. Full Name, Mailing Address and ZIP Code Homer H. Humphries, Jr. 801 Blackstone Blvd. Jacksonville, FL 32202 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: attorney Aggregate Year-to-Date > $ 1,200.00	5/03/93	800.00
D. Full Name, Mailing Address and ZIP Code Margaret N. Hunt 1015 Sunset Drive Lake Wales, FL 33853 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 350.00	5/14/93	150.00
E. Full Name, Mailing Address and ZIP Code Margaret N. Hunt 1015 Sunset Drive Lake Wales, FL 33853 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 350.00	6/21/93	200.00
F. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Gulf-Atlantic Corp. Occupation: contractor Aggregate Year-to-Date > $ 400.00	2/01/93	400.00
G. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Gulf-Atlantic Corp. Occupation: contractor Aggregate Year-to-Date > $ 400.00	4/14/93	400.00
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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200705633

A. Full Name, Mailing Address and ZIP Code Daniel M. Hunter 243 W. Park Avenue Winter Park, FL 32789 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Hunter, Pattillo etal Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/13/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period (100.00) redesignated
D. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period 100.00 redesignated
E. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/05/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period (300.00) redesignated

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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
W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036	n/a	5/11/93	300.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. F. Hurlburt, Jr. P. O. Box 1870 Islamorada, FL 33036 $100 refund 7/23/93	n/a	6/25/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Hurst 890 Renmar Drive Plantation, FL 33317	self-employed	3/08/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: restauranteur	Aggregate Year-to-Date > $ 250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. Hussey 15950 Country Court Ft. Myers, FL 33912	Colombia Hosp. Corp.	3/29/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: health care exec.	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
Albert Hutchinson information requested	information requested	1/12/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Erik Hvide 1424 N. Ocean Blvd. Gulfstream, FL 33483	Hvide Shipping	2/18/93	150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 550.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Erik Hvide 1424 N. Ocean Blvd. Gulfstream, FL 33483	Hvide Shipping	5/24/93	550.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 550.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Manuel E. Iglesias 1215 Columbus Blvd. Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mgmt. & Bus. Assoc. Occupation consultant Aggregate Year-to-Date > $ 2,000.00	1/12/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Manuel E. Iglesias 1215 Columbus Blvd. Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mgmt. & Bus. Assoc. Occupation consultant Aggregate Year-to-Date > $ 2,000.00	3/29/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Manuel E. Iglesias 1215 Columbus Blvd. Coral Gables, FL 33134 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Mgmt. & Bus. Assoc. Occupation consultant Aggregate Year-to-Date > $ 2,000.00	6/24/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	1/11/93	150.00
E. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	2/05/93	(150.00) redesignated
F. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	2/05/93	150.00 redesignated
G. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	3/29/93	100.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	4/10/93	(100.00) redesignated
B. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	4/10/93	100.00 redesignated
C. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	5/06/93	500.00
D. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	6/09/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	6/09/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #103 Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	6/23/93	250.00
G. Full Name, Mailing Address and ZIP Code Christine Ingram 7 Hickory Way Winter Haven, FL 33881 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ingram Fin. Group Occupation adm. assistant Aggregate Year-to-Date > $ 500.00	5/12/93	500.00

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christine Ingram 7 Hickory Way Winter Haven, FL 33881 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ingram Fin. Group adm. assistant $ 500.00	6/05/93	(160.00) redesignated
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christine Ingram 7 Hickory Way Winter Haven, FL 33881 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Ingram Fin. Group adm. assistant $ 500.00	6/05/93	160.00 redesignated
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Don E. Ingram 1502 Dundee Road Winter Haven, FL 33884 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed insurance $ 500.00	5/12/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Don E. Ingram 1502 Dundee Road Winter Haven, FL 33884 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed insurance $ 500.00	6/04/93	(160.00) redesignated
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Don E. Ingram 1502 Dundee Road Winter Haven, FL 33884 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed insurance $ 500.00	6/04/93	160.00 redesignated
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William O. Inman, III 2529 Gulf Life Tower Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Robert Shircliff Asso consultant $ 1,000.00	5/11/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank S. Ioppolo, Sr. 9101 Bay Point Drive Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Walt Disney World sr. vice-president $ 250.00	6/02/93	250.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Kate Ireland Route 1, Box 530 Tallahassee, FL 32312 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/18/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Nancy L. Jablonski 205 Majestic Oak Drive Altamonte Springs, FL 32714 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Herbert H. Jacob P. O. Box 8927 Longboat Key, FL 34228 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ajax Paving Ind. Occupation executive Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/12/93	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Herbert H. Jacob P. O. Box 8927 Longboat Key, FL 34228 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ajax Paving Ind. Occupation executive Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/29/93	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Harry N. Jacobs 2451 Jennifer Hope Blvd. Longwood, FL 32779 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/15/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Geraldine B. Jacobson 2355 Britannia Road Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 2/02/93	Amount of Each Receipt this Period 75.00
G. Full Name, Mailing Address and ZIP Code Geraldine B. Jacobson 2355 Britannia Road Sarasota, FL 34231 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 4/05/93	Amount of Each Receipt this Period 100.00
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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
Geraldine B. Jacobson 2355 Britannia Road Sarasota, FL 34231	n/a	5/12/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker Aggregate Year-to-Date > $ 300.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Geraldine B. Jacobson 2355 Britannia Road Sarasota, FL 34231	n/a	6/15/93	75.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ravi Jahagirdar, M.D. 396 N. Spaulding Cove Heathrow, FL 32746	self-employed	6/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	2/11/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investment banker Aggregate Year-to-Date > $ 1,010.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	3/31/93	(320.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investment banker Aggregate Year-to-Date > $ 1,010.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	3/31/93	320.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: investment banker Aggregate Year-to-Date > $ 1,010.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	4/27/93	680.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investment banker Aggregate Year-to-Date > $ 1,010.00		

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Raymond James Occupation investment banker Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 5/09/93	Amount of Each Receipt this Period (680.00) redesignated
B. Full Name, Mailing Address and ZIP Code Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Raymond James Occupation investment banker Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 5/09/93	Amount of Each Receipt this Period 680.00 redesignated
C. Full Name, Mailing Address and ZIP Code Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 1/05/93	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 3/03/93	Amount of Each Receipt this Period (290.00) redesignated
E. Full Name, Mailing Address and ZIP Code Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 3/03/93	Amount of Each Receipt this Period 290.00 redesignated
F. Full Name, Mailing Address and ZIP Code Michael L. Jamieson 2530 Sunset Drive Tampa, FL 33629 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 1,010.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 710.00
G. Full Name, Mailing Address and ZIP Code Dr. J. Michael Jasper 5149 N. Ninth Avenue, Suite 104 Pensacola, FL 32504 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/19/93	Amount of Each Receipt this Period 500.00

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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
Jack Jefferson 2302 Nevada Drive Lakeland, FL 33801	Jefferson-Allsop	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance	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**
Howard M. Jenkins 5412 Lykes Lane Tampa, FL 33611	Publix Supermarkets	3/09/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,200.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard M. Jenkins 5412 Lykes Lane Tampa, FL 33611	Publix Supermarkets	4/10/93	(800.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard M. Jenkins 5412 Lykes Lane Tampa, FL 33611	Publix Supermarkets	4/10/93	800.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,200.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard M. Jenkins 5412 Lykes Lane Tampa, FL 33611	Publix Supermarkets	6/17/93	200.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. C. H. Jenkins, Jr. 456 Lone Palm Drive Lakeland, FL 33801	information requested	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
D. W. Jenkins, M.D. 1336 Spring Lake Drive Orlando, FL 32804	information requested	6/29/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	500.00

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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 H. Jenkins, Sr. 2129 Phillips Avenue Lakeland, FL	n/a	5/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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**
Lucy B. Jensen 6740-112 Epping Forest Way N. Jacksonville, FL 32217	Jensen of Jax, Inc.	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: constractor	Aggregate Year-to-Date > $	800.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lucy B. Jensen 6740-112 Epping Forest Way N. Jacksonville, FL 32217	Jensen of Jax, Inc.	6/24/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: constractor	Aggregate Year-to-Date > $	800.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lucy B. Jensen 6740-112 Epping Forest Way N. Jacksonville, FL 32217	Jensen of Jax, Inc.	6/24/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: constractor	Aggregate Year-to-Date > $	800.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jimenez + Rodriguez Barcelo 1701 Ponce de Leon, Suite 206 Santurce, PR 00909	n/a	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ricardo Jimenez 1701 Ponce de Leon, Suite 206 Santurce, PR 00909	self-employed	6/29/93	(1000.00) memo
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: architect	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**
Hugh E. Jones 5764 Red Cedar Street Pensacola, FL 32507	Urinette, Inc.	3/09/93	800.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	800.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hugh E. Jones 5764 Red Cedar Street Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Urinette, Inc. Occupation: president Aggregate Year-to-Date $	4/19/93 800.00	(600.00) redesignated
B. Hugh E. Jones 5764 Red Cedar Street Pensacola, FL 32507 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Urinette, Inc. Occupation: president Aggregate Year-to-Date $	4/19/93 800.00	600.00 redesignated
C. Kathie K. Jones 5764 Red Cedar Street Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	3/09/93 800.00	800.00
D. Kathie K. Jones 5764 Red Cedar Street Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	5/04/93 800.00	(600.00) redesignated
E. Kathie K. Jones 5764 Red Cedar Street Pensacola, FL 32507 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	5/04/93 800.00	600.00 redesignated
F. Marilyn Evans Jones 12 Painted Bunting Amelia Island, FL 32034 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: none Aggregate Year-to-Date $	4/28/93 1,000.00	1,000.00
G. Marilyn Evans Jones 12 Painted Bunting Amelia Island, FL 32034 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: none Aggregate Year-to-Date $	5/10/93 1,000.00	(1,000.00) redesignated

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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
Marilyn Evans Jones 12 Painted Bunting Amelia Island, FL 32034	n/a	5/10/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: none	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**
Randy P. Jones 6247 Butternut Drive Lakeland, FL 33813	self-employed	5/20/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: dentist	Aggregate Year-to-Date $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David C. Jones, Jr. 5234 Sea Shell Ave. Naples, FL 33940	self-employed	5/03/93	750.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: realtor	Aggregate Year-to-Date $ 750.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas P. Jones, Jr. 8500 Heckscher Drive Jacksonville, FL 32226	Atlantic Marine, Inc.	5/17/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: vice-president	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**
Hobart H. Joost 820 Point La Vista Rd., N Jacksonville, FL 32207	n/a	3/01/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date $ 350.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hobart H. Joost 820 Point La Vista Rd., N Jacksonville, FL 32207	n/a	4/08/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date $ 350.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hobart H. Joost 820 Point La Vista Rd., N Jacksonville, FL 32207	n/a	5/07/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date $ 350.00	

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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
Hobart H. Joost 820 Point La Vista Rd., N Jacksonville, FL 32207	n/a	6/14/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 350.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Jordan 580 W. Eighth Street Jacksonville, FL 32209	Methodist Hospital	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: hospital adm.	Aggregate Year-to-Date > $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Joy 4079 Las Palmas Way Sarasota, FL 34238	self-employed	1/20/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 375.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Joy 4079 Las Palmas Way Sarasota, FL 34238	self-employed	1/27/93	125.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 375.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Tom Joyner 4610 Highlands Place Drive Lakeland, FL 33813	Joyner Lumber	5/14/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lois Swan Junkin P. O. Box 454, 19th St. E. Boca Grande, FL 33921	n/a	3/04/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 600.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lois Swan Junkin P. O. Box 454, 19th St. E. Boca Grande, FL 33921	n/a	6/08/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 600.00	

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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
Lawrence Kadish 19500 Turnberry Way Aventura, FL 33180	self-employed	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	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**
Elizabeth P. Kagan 15890 S. Tamiami Trail Ft. Myers, FL 33908	self-employed	6/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathryn J. Kaiser 606 Lake Miriam Drive Lakeland, FL 3381	n/a	5/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Kalker Boca Raton Hotel & Club, Villa 1431 Boca Raton, FL 33432	n/a	1/13/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Kalker Boca Raton Hotel & Club, Villa 1431 Boca Raton, FL 33432	n/a	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Kalker Boca Raton Hotel & Club, Villa 1431 Boca Raton, FL 33432	n/a	7/03/93	(250.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Kalker Boca Raton Hotel & Club, Villa 1431 Boca Raton, FL 33432	n/a	7/03/93	250.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Gary A. Kalser 490 Henkel Circle Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Ian Kaplan 1 Palm Bay Tower, 15 South Miami, FL 33138 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Trans-Chemical Corp. Occupation exec. vice-president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code Ian Kaplan 1 Palm Bay Tower, 15 South Miami, FL 33138 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Trans-Chemical Corp. Occupation exec. vice-president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period (1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Ian Kaplan 1 Palm Bay Tower, 15 South Miami, FL 33138 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Trans-Chemical Corp. Occupation exec. vice-president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code Vithal D. Kardani, M.D. 3903 Hidden Springs Pl. Valrico, FL 33594 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/15/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Max H. Karl 7807 S.W. 88th Terrace Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Robert Karl, M.D. 6500 S.W. 114th Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 300.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Eleanor M. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,129.65	Date (month, day, year) 3/14/93	Amount of Each Receipt this Period (1,000.00) redesignated
B. Full Name, Mailing Address and ZIP Code Eleanor M. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,129.65	Date (month, day, year) 3/14/93	Amount of Each Receipt this Period 1,000.00 redesignated
C. Full Name, Mailing Address and ZIP Code Herbert D. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and ZIP Code Herbert D. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 800.00
E. Full Name, Mailing Address and ZIP Code Herbert D. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation investor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/14/93	Amount of Each Receipt this Period (2,000.00) reattributed
F. Full Name, Mailing Address and ZIP Code Eleanor M. Katz 4500 Lincoln Street Hollywood, FL 33021 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 1,129.65	Date (month, day, year) 3/14/93	Amount of Each Receipt this Period 2,000.00 reattributed
G. Full Name, Mailing Address and ZIP Code Stewart Katz 7620 W. Upper Ridge Parkland, FL 33067 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer SKE, Inc. Occupation medical sales Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 500.00

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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
Allan S. Katzman 4855 Dockside Dr., #202 Ft. Myers, FL 33919	K/Keystone Co.	2/22/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	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**
Allan S. Katzman 4855 Dockside Dr., #202 Ft. Myers, FL 33919	K/Keystone Co.	6/14/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allan S. Katzman 4855 Dockside Dr., #202 Ft. Myers, FL 33919	K/Keystone Co.	6/21/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan C. Kauffman 5355 Town Center Road, Suite 1105 Boca Raton, FL 33486	self-employed	1/22/93	125.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $ 700.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan C. Kauffman 5355 Town Center Road, Suite 1105 Boca Raton, FL 33486	self-employed	6/29/93	575.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date $ 700.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard W. Kazmaier, Jr. HH42, ORC Box 29 Key West, FL 33037	Kazmaier Asso., Inc.	2/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date $ 250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ethel J. Keller 777 Bayshore Drive Ft. Lauderdale, FL 33304	n/a	3/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date $ 250.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code S. A. Keller 777 Bayshore Drive Ft. Lauderdale, FL 33304 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 250.00	1/15/93	250.00
B. Full Name, Mailing Address and ZIP Code Eoghan N. Kelley P. O. Drawer 1328 Sanford, FL 32772 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation architect Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/08/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Loyd Patrick Kelly 2200 N. Greenway Drive Coral Gables, FL 33134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 1/20/93	Amount of Each Receipt this Period 330.00
E. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period (330.00) redesignated
F. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period 330.00 redesignated
G. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 200.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period (200.00) redesignated
B. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 2378 Tampa, FL 33601 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date > $ 530.00	Date (month, day, year) 3/05/93	Amount of Each Receipt this Period 200.00 redesignated
C. Full Name, Mailing Address and ZIP Code Roger H. Kessel 817 S. Edison Avenue Tampa, FL 33606 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Tampa Elec. Co. Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/06/93	Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code Roger H. Kessel 817 S. Edison Avenue Tampa, FL 33606 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Tampa Elec. Co. Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period (200.00) redesignated
E. Full Name, Mailing Address and ZIP Code Roger H. Kessel 817 S. Edison Avenue Tampa, FL 33606 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Tampa Elec. Co. Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period 200.00 redesignated
F. Full Name, Mailing Address and ZIP Code Lucile S. Keyes 2605 31st Street, N.W. Washington, D.C. 20008 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 750.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 750.00
G. Full Name, Mailing Address and ZIP Code Arthur H. Keyes, Jr. 2605 31st Street, N.W. Washington, D.C. 20008 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 1,000.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Ashok K. Khanna, M.D. 2918 N. Pine Hills Road Orlando, FL 32808 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code D. Burke Kibler, III P. O. Box 1772 Lakeland, FL 33802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/05/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code D. Burke Kibler, III P. O. Box 1772 Lakeland, FL 33802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/21/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Rum Row Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 650.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Rum Row Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 650.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period (500.00) redesignated
F. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Rum Row Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 650.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 500.00 redesignated
G. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Rum Row Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 650.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 150.00

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

930200705833

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Kieckhefer 3600 Rum Row Naples, FL 33940	n/a	6/04/93	(150.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 650.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William J. Kieckhefer 3600 Rum Row Naples, FL 33940	n/a	6/04/93	150.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 650.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dannie Kilpatrick P. O. Box 1084 Moore Haven, FL 33471	self-employed	6/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: rancher	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Townsend King 2402 S.E. 15th Street Ocala, FL 34471	self-employed	6/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Fred King 2811 Spanish Cove Trail Jacksonville, FL 32217	Kinco	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jim Kirk 1137 S.E. Seventh Street Ocala, FL 34471	WMPO-Ocala	3/29/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: radio station owner	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christopher M. Kise 101 E. Kennedy, Suite 2175 Tampa, FL 33602	Adkins & Kise, P.A.	5/05/93	750.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 750.00	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Jay Kislak P. O. Box 025409 Miami, FL 33102 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kislak Mortgage Corp. Occupation: mortgage banker Aggregate Year-to-Date > $ 500.00	6/17/93	500.00
B. Full Name, Mailing Address and ZIP Code Jay Kislak P. O. Box 025409 Miami, FL 33102 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kislak Mortgage Corp. Occupation: mortgage banker Aggregate Year-to-Date > $ 500.00	6/30/93	(500.00) redesignated
C. Full Name, Mailing Address and ZIP Code Jay Kislak P. O. Box 025409 Miami, FL 33102 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Kislak Mortgage Corp. Occupation: mortgage banker Aggregate Year-to-Date > $ 500.00	6/30/93	500.00 redesignated
D. Full Name, Mailing Address and ZIP Code Jonathan Kislak 701 Brickell Avenue Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kislak Capital Corp. Occupation: investments Aggregate Year-to-Date > $ 2,000.00	2/24/93	2,000.00
E. Full Name, Mailing Address and ZIP Code Jonathan Kislak 701 Brickell Avenue Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kislak Capital Corp. Occupation: investments Aggregate Year-to-Date > $ 2,000.00	3/12/93	(1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code Jonathan Kislak 701 Brickell Avenue Miami, FL 33131 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Kislak Capital Corp. Occupation: investments Aggregate Year-to-Date > $ 2,000.00	3/12/93	1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code Dr. Thomas L. Klechak 7249 Trails End Jacksonville, FL 32211 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: orthodontist Aggregate Year-to-Date > $ 250.00	5/11/93	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Thomas L. Klechak 7249 Trails End Jacksonville, FL 32211 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed orthodontist Aggregate Year-to-Date > $ 250.00	6/16/93	(200.00) redesignated
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Thomas L. Klechak 7249 Trails End Jacksonville, FL 32211 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed orthodontist Aggregate Year-to-Date > $ 250.00	6/16/93	200.00 redesignated
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Randolph Klein 333 N.W. 3rd Avenue Ocala, FL 32670 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed attorney Aggregate Year-to-Date > $ 500.00	3/15/93	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey R. Klein 333 N.W. 3rd Avenue Ocala, FL 34475 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed attorney Aggregate Year-to-Date > $ 1,900.00	3/15/93	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey R. Klein 333 N.W. 3rd Avenue Ocala, FL 34475 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed attorney Aggregate Year-to-Date > $ 1,900.00	4/10/93	(100.00) redesignated
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey R. Klein 333 N.W. 3rd Avenue Ocala, FL 34475 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed attorney Aggregate Year-to-Date > $ 1,900.00	4/10/93	100.00 redesignated
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey R. Klein 333 N.W. 3rd Avenue Ocala, FL 34475 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed attorney Aggregate Year-to-Date > $ 1,900.00	4/30/93	900.00

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9302007058

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
Julie Klein P. O. Box 38 Reddick, FL 32686	n/a	3/15/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julie Klein P. O. Box 38 Reddick, FL 32686	n/a	4/10/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julie Klein P. O. Box 38 Reddick, FL 32686	n/a	4/10/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Horace D. Klein SPV 6807 Turban Court Ft. Myers, FL 33908	n/a	1/13/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ (750.00)	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Horace D. Klein SPV 6807 Turban Court Ft. Myers, FL 33908	n/a	2/07/93	(250.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ (750.00)	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Horace D. Klein SPV 6807 Turban Court Ft. Myers, FL 33908	n/a	2/07/93	250.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ (750.00)	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry Klinghoffer 4280 Galt Ocean Drive, P-24 Ft. Lauderdale, FL 33308	n/a	2/22/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 250.00	

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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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Harry Klinghoffer 4280 Galt Ocean Drive, P-24 Ft. Lauderdale, FL 33308 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 250.00	6/17/93	150.00
B. Full Name, Mailing Address and ZIP Code Joseph P. Klock, Jr. 4000 Southeast Financial Center Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Steel Hector Davis Occupation attorney Aggregate Year-to-Date > $ 1,000.00	5/27/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Alan J. Kluger 20023 N.E. 19th Place Miami, FL 33179 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	3/15/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Bette L. Knapp 100 Tall Pine Lane, #3103 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation homemaker Aggregate Year-to-Date > $ 500.00	2/16/93	500.00
E. Full Name, Mailing Address and ZIP Code C. B. Knappen 2103 South Ocean Blvd. Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 250.00	1/14/93	250.00
F. Full Name, Mailing Address and ZIP Code T. Kevin Knight 120 S. Orange Avenue Orlando, FL 32802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Drase, DeBeaubien Occupation attorney Aggregate Year-to-Date > $ 500.00	6/02/93	500.00
G. Full Name, Mailing Address and ZIP Code Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 1,200.00	2/09/93	650.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243	n/a	3/05/93	(450.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	1,200.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243	n/a	3/05/93	450.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	1,200.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sidney D. Kobernick, M.D. 5627 Country Lakes Drive Sarasota, FL 34243	n/a	4/29/93	550.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	1,200.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allan Kolsky 6760 N.W. 44th Court Lauderhill, FL 33319	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Karel Konicek 1247 Scottsland Drive Lakeland, FL 33813	C.R. Distribution	2/01/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: manager	Aggregate Year-to-Date > $	350.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Karel Konicek 1247 Scottsland Drive Lakeland, FL 33813	C.R. Distribution	5/05/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: manager	Aggregate Year-to-Date > $	350.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julian R. Kossow 700 New Hampshire Ave. NW, Apt. 716 Washington, D.C. 20037	self-employed	3/31/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $	250.00

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

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930200705888

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code James Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 470.00	3/09/93	470.00
B. Full Name, Mailing Address and ZIP Code James Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 470.00	4/10/93	(470.00) redesignated
C. Full Name, Mailing Address and ZIP Code James Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 470.00	4/10/93	470.00 redesignated
D. Full Name, Mailing Address and ZIP Code Ruth Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,010.00	3/09/93	500.00
E. Full Name, Mailing Address and ZIP Code Ruth Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,010.00	4/11/93	(490.00) redesignated
F. Full Name, Mailing Address and ZIP Code Ruth Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,010.00	4/11/93	490.00 redesignated
G. Full Name, Mailing Address and ZIP Code Ruth Kovach 1114 S.E. Third Avenue Crystal River, FL 34426 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,010.00	5/17/93	510.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Elizabeth M. Krochak 2290 Main Sail Cove Kissimmee, FL 34746 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date > $ 500.00	4/12/93	500.00
B. Full Name, Mailing Address and ZIP Code William A. Krusen 3110 Agawan St. Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Gen. Eng. & Machinery chairman Aggregate Year-to-Date > $ 250.00	6/07/93	250.00
C. Full Name, Mailing Address and ZIP Code D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Standard Distr. Co. wholesaler Aggregate Year-to-Date > $ 400.00	3/03/93	200.00
D. Full Name, Mailing Address and ZIP Code D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Standard Distr. Co. wholesaler Aggregate Year-to-Date > $ 400.00	4/10/93	(200.00) redesignated
E. Full Name, Mailing Address and ZIP Code D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Standard Distr. Co. wholesaler Aggregate Year-to-Date > $ 400.00	4/10/93	200.00 redesignated
F. Full Name, Mailing Address and ZIP Code D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Standard Distr. Co. wholesaler Aggregate Year-to-Date > $ 400.00	6/09/93	200.00
G. Full Name, Mailing Address and ZIP Code D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Standard Distr. Co. wholesaler Aggregate Year-to-Date > $ 400.00	6/14/93	(200.00) redesignated

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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
D. Jack Kugelman P. O. Box 30130 Pensacola, FL 32503	Standard Distr. Co. Occupation: wholesaler	6/14/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	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**
William C. Kunnath P. O. Box 439 Palm City, FL 34990	n/a Occupation: retired	6/10/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William C. Kunnath P. O. Box 439 Palm City, FL 34990	n/a Occupation: retired	6/16/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 400.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William C. Kunnath P. O. Box 439 Palm City, FL 34990	n/a Occupation: retired	6/16/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $ 400.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Kusch 540 Sea Oak Drive Vero Beach, FL 32963	self-employed Occupation: attorney	3/19/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Kusch 540 Sea Oak Drive Vero Beach, FL 32963	self-employed Occupation: attorney	5/10/93	75.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 225.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Kusch 540 Sea Oak Drive Vero Beach, FL 32963	self-employed Occupation: attorney	6/14/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 225.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code R. Craig Kuykendall 943 S.E. Fifth Street Ocala, FL 34471 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ocala Heart Inst. Occupation physician Aggregate Year-to-Date > $ 500.00	6/03/93	500.00
B. Full Name, Mailing Address and ZIP Code Guillermo LaBrada 14469 S.W. 50th Lane Miami, FL 33175 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	1/12/93	500.00
C. Full Name, Mailing Address and ZIP Code Dr. Gerald Laboda 5285 Summerlin Rd. Ft. Myers, FL 33907 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation surgeon Aggregate Year-to-Date > $ 500.00	6/21/93	500.00
D. Full Name, Mailing Address and ZIP Code Richard B. Ladd One Mass. Ave., N.W., Suite 880 Washington, D.C. 20001 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Robinson Inatl. Occupation consultant Aggregate Year-to-Date > $ 500.00	3/01/93	500.00
E. Full Name, Mailing Address and ZIP Code David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation restauranteur Aggregate Year-to-Date > $ 1,350.00	1/20/93	500.00
F. Full Name, Mailing Address and ZIP Code David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation restauranteur Aggregate Year-to-Date > $ 1,350.00	2/15/93	(150.00) redesignated
G. Full Name, Mailing Address and ZIP Code David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation restauranteur Aggregate Year-to-Date > $ 1,350.00	2/15/93	150.00 redesignated

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation restauranteur Aggregate Year-to-Date > $ 1,350.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 850.00
B. Full Name, Mailing Address and ZIP Code Virginia V. Lally 14220 S.W. 136th Street Miami, FL 33186 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code William B. Lambert 2207 Gulf Shore Blvd., N., D-4 Naples, FL 33940 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/16/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Richard J. Lampen 350 Costa Brava Court Coral Gables, FL 33143 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Steel Hector Davis Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Marion E. Landau P. O. Box 3470 Lake Wales, FL 33853 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Burton A. Landy 200 SE 1st St., 12th Floor Miami, FL 33131 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Paul, Landy et al Occupation attorney Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 1/27/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Burton A. Landy 200 SE 1st St., 12th Floor Miami, FL 33131 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Paul, Landy et al Occupation attorney Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 1,000.00

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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
Burton A. Landy 200 SE 1st St., 12th Floor Miami, FL 33131	Paul, Landy et al	5/10/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 1,500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Burton A. Landy 200 SE 1st St., 12th Floor Miami, FL 33131	Paul, Landy et al	5/10/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 1,500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fleetwood T. Lane P. O. Box 2556 Bartow, FL 33830	self-employed	5/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward W. Lane, III 200 W. Forsyth Street, Suite 1600 Jacksonville, FL 32201	Ulmer, Murchinson	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William K. Langfan 2100 S. Ocean Blvd., #501N Palm Beach, FL 33480	n/a	2/10/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William K. Langfan 2100 S. Ocean Blvd., #501N Palm Beach, FL 33480	n/a	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	self-employed	1/21/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: hotels Aggregate Year-to-Date > $ 680.00		

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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
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	self-employed	2/05/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: hotels Aggregate Year-to-Date > $ 680.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	self-employed	2/05/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: hotels Aggregate Year-to-Date > $ 680.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	self-employed	5/05/93	350.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: hotels Aggregate Year-to-Date > $ 680.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	4/21/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 100.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	6/15/93	(900.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 100.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy G. Langley 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	information requested	6/15/93	900.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 900.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	6/15/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 100.00		

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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
E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	6/15/93	100.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: investments	Aggregate Year-to-Date > $ 100.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert L. Larsen 913 Golf View Tampa, FL 33629	self-employed	6/07/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	Laser Exp.	2/12/93	600.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 800.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	Laser Exp.	3/06/93	(600.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 800.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	Laser Exp.	3/06/93	600.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 800.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	Laser Exp.	5/05/93	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 800.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bessie S. Last 13837 Kimberly Drive Largo, FL 34644	n/a	1/29/93	200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 300.00	

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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
Bessie S. Last 13837 Kimberly Drive Largo, FL 34644	n/a	5/06/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul M. Lawless 5100 Town Center Drive, #410 Boca Raton, FL 33486	Cigna Corp.	1/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: consultant	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael A. Lazzara 827 Jungle Avenue, North St. Petersburg, FL 33710	Lazarra Oil Co.	6/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Keith R. Leclerc 2810 Bullard Lane CLearwater, FL 34622	KMA Sunbelt Trading	5/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469	Lee, Schulte et al	1/21/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469	Lee, Schulte et al	1/22/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	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**
Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469	Lee, Schulte et al	2/08/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	1,000.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Lee, Schulte et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 500.00 redesignated
B. Full Name, Mailing Address and ZIP Code Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lee, Schulte et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lee, Schulte et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period (500.00) redesignated
D. Full Name, Mailing Address and ZIP Code Thomas E. Lee, Jr. 18723 Rio Vista Drive Tequesta, FL 33469 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Lee, Schulte et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 500.00 redesignated
E. Full Name, Mailing Address and ZIP Code Loomis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Leedy Corp. Occupation municipal bond dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Loomis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Leedy Corp. Occupation municipal bond dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period (500.00) redesignated
G. Full Name, Mailing Address and ZIP Code Loomis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer The Leedy Corp. Occupation municipal bond dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 500.00 redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Carl Lentz, II 1215 S. Peninsula Drive Daytona Beach, FL 32018 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,050.00	5/07/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Carl Lentz, II 1215 S. Peninsula Drive Daytona Beach, FL 32018 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,050.00	5/13/93	50.00
C. Full Name, Mailing Address and ZIP Code Carl Lentz, II 1215 S. Peninsula Drive Daytona Beach, FL 32018 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,050.00	6/12/93	(150.00) redesignated
D. Full Name, Mailing Address and ZIP Code Carl Lentz, II 1215 S. Peninsula Drive Daytona Beach, FL 32018 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,050.00	6/12/93	150.00 redesignated
E. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	2/01/93	400.00
F. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	3/10/93	(400.00) redesignated
G. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,000.00	3/10/93	400.00 redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code Steven G. Lester 1246 Alabama Drive Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer CFROG Occupation physican Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Steven G. Lester 1140 Tom Gurney Drive Winter Park, FL 32789 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Joseph T. Lettelleir P. O. Box 385 St. Petersburg, FL 33731 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Bay Development Occupation real estate Aggregate Year-to-Date > $ 580.00	Date (month, day, year) 5/19/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Joseph T. Lettelleir P. O. Box 385 St. Petersburg, FL 33731 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Bay Development Occupation real estate Aggregate Year-to-Date > $ 580.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period 330.00
F. Full Name, Mailing Address and ZIP Code Joseph T. Lettelleir P. O. Box 385 St. Petersburg, FL 33731 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Bay Development Occupation real estate Aggregate Year-to-Date > $ 580.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period (570.00) redesignated
G. Full Name, Mailing Address and ZIP Code Joseph T. Lettelleir P. O. Box 385 St. Petersburg, FL 33731 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Bay Development Occupation real estate Aggregate Year-to-Date > $ 580.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 570.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930207061

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob E. Levine 3221 N.E. 57th Court Ft. Lauderdale, FL 33308	self-employed	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	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
Jacob E. Levine 3221 N.E. 57th Court Ft. Lauderdale, FL 33308	self-employed	6/08/93	(750.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	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
Jacob E. Levine 3221 N.E. 57th Court Ft. Lauderdale, FL 33308	self-employed	6/08/93	750.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician	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
Alice O. Lewis 2841 N.E. 25th Court Ft. Lauderdale, FL 33305	n/a	6/23/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	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
Lee R. Light, M.D. 154 Cajeput Drive Naples, FL 33963	self-employed	6/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	500.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Lingerfelt 1591 Owl Hollow Lane Jacksonville, FL 32223	Crisp-Lingerfelt Co.	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	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
Ira A. Lipman 22 S. Second Street Memphis, Tn 38103	Guardsmark, Inc.	6/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Kenneth W. Lipman 5355 Town Center Road, Suite 801 Boca Raton, FL 33486 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Siegel & Lipman Occupation attorney Aggregate Year-to-Date > $ 1,500.00	2/04/93	500.00
B. Full Name, Mailing Address and ZIP Code Kenneth W. Lipman 5355 Town Center Road, Suite 801 Boca Raton, FL 33486 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Siegel & Lipman Occupation attorney Aggregate Year-to-Date > $ 1,500.00	6/18/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Kenneth W. Lipman 5355 Town Center Road, Suite 801 Boca Raton, FL 33486 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Siegel & Lipman Occupation attorney Aggregate Year-to-Date > $ 1,500.00	6/30/93	(1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Kenneth W. Lipman 5355 Town Center Road, Suite 801 Boca Raton, FL 33486 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Siegel & Lipman Occupation attorney Aggregate Year-to-Date > $ 1,500.00	6/30/93	1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code John W. Little, III 216 Bloomfield Drive West Palm Beach, FL 33405 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Steel Hector Davis Occupation attorney Aggregate Year-to-Date > $ 500.00	5/11/93	500.00
F. Full Name, Mailing Address and ZIP Code Bernard Little, Sr. P.O. Box 1128 Eaton Park, FL 33842 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation executive Aggregate Year-to-Date > $ 330.00	2/10/93	330.00
G. Full Name, Mailing Address and ZIP Code Bernard Little, Sr. P.O. Box 1128 Eaton Park, FL 33842 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation executive Aggregate Year-to-Date > $ 330.00	3/22/93	(320.00) redesignated

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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
Bernard Little, Sr. P.O. Box 1128 Eaton Park, FL 33842	self-employed	3/22/93	320.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 330.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jose-Antonio Llama 4705 Granada Blvd. Coral Gables, FL 33146	information requested	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Leonard F. Llewellyn 376 Leather Fern Lane Marco Island, FL 33937	self-employed	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	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**
Leonard F. Llewellyn 376 Leather Fern Lane Marco Island, FL 33937	self-employed	4/03/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate	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**
Leonard F. Llewellyn 376 Leather Fern Lane Marco Island, FL 33937	self-employed	4/03/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dorothy T. Lloyd 2626 Norfolk Road Orlando, FL 32803	information requested	6/29/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	n/a	2/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 160.00	

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

930200706004

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	n/a	3/08/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	160.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	n/a	3/08/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	160.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Hon. James M. Lombard P. O. Box 86 Osprey, FL 34229	State of Florida	2/17/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: legislator	Aggregate Year-to-Date > $	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Hon. James M. Lombard P. O. Box 86 Osprey, FL 34229	State of Florida	3/12/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: legislator	Aggregate Year-to-Date > $	2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Hon. James M. Lombard P. O. Box 86 Osprey, FL 34229	State of Florida	3/12/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: legislator	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**
J. Robert Long 1486 Hillview Drive Sarasota, FL 34239	Wellcraft Marine	2/12/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Wesley H. Loomis, III 434 Meadow Lark Dr. Sarasota, FL 34236	n/a	1/26/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00

SUBTOTAL of Receipts This Page (optional)	
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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Wesley H. Loomis, III 434 Meadow Lark Dr. Sarasota, FL 34236 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	2/05/93	(500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Wesley H. Loomis, III 434 Meadow Lark Dr. Sarasota, FL 34236 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	2/05/93	500.00 redesignated
C. Full Name, Mailing Address and ZIP Code Jane Gibbs Lott 2249 E. Maya Palm Drive Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	1/28/93	250.00
D. Full Name, Mailing Address and ZIP Code R. D. Lovett 1010 E. Adams Street Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Commodores Point Term Occupation: officer Aggregate Year-to-Date > $ 1,000.00	5/10/93	1,000.00
E. Full Name, Mailing Address and ZIP Code R. D. Lovett 1010 E. Adams Street Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Commodores Point Term Occupation: officer Aggregate Year-to-Date > $ 1,000.00	6/08/93	(1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code R. D. Lovett 1010 E. Adams Street Jacksonville, FL 32202 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Commodores Point Term Occupation: officer Aggregate Year-to-Date > $ 1,000.00	6/08/93	1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code Emory Cody Lowry 321 Hillcrest Street Lakeland, FL 33801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dynamedia Adv. Occupation: information requested Aggregate Year-to-Date > $ 250.00	5/11/93	250.00

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

A. Full Name, Mailing Address and ZIP Code Patricia E. Lowry 3000 N. Ocean Drive, #30-G Singer Island, FL 33404 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Steel Hector Davis Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/27/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Alexander J. Lozano, M.D. 1419 Viscaya Parkway Cape Coral, FL 33990 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 6/08/93	Amount of Each Receipt this Period (100.00) redesignated
E. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 6/08/93	Amount of Each Receipt this Period 100.00 redesignated
F. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 6/23/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 7/03/93	Amount of Each Receipt this Period (100.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200706007

A. Full Name, Mailing Address and ZIP Code John A. Luetkemeyer 2248 M-3 Gulf Shore Blvd. Naples, FL 33940 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 7/03/93	Amount of Each Receipt this Period 100.00 redesignated
B. Full Name, Mailing Address and ZIP Code H. Ric Luhrs 6001 Clint Moore Road Boca Raton, FL 33496 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/07/93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Sylvester Lukis One East Lenox Street Chevy Chase, MD 20815 $1000 refund 7/23/93 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lukis & Assoc. Occupation attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Donald P. Luning 1800 Atlantic Blvd., C-138 Key West, FL 33040 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/06/93	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Donald P. Luning 1800 Atlantic Blvd., C-138 Key West, FL 33040 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Donald P. Luning 1800 Atlantic Blvd., C-138 Key West, FL 33040 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Hal Lynch 4952 Ortega Forest Drive Jacksonville, FL 32210 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Lynch Mgmt. Co. Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John B. MacDonald 1406 Northwood Road Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Brant, Moore, et al Occupation: attorney Aggregate Year-to-Date $	5/11/93 250.00	250.00
B. Fred L. MacLeod 806 S. Hughey Avenue Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	FLM, Inc. Occupation: president Aggregate Year-to-Date $	4/07/93 780.00	780.00
C. Fred L. MacLeod 806 S. Hughey Avenue Orlando, FL 32801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	FLM, Inc. Occupation: president Aggregate Year-to-Date $	5/10/93 780.00	(780.00) redesignated
D. Fred L. MacLeod 806 S. Hughey Avenue Orlando, FL 32801 Receipt For: [ ] Primary [x] General [ ] Other (specify):	FLM, Inc. Occupation: president Aggregate Year-to-Date $	5/10/93 780.00	780.00 redesignated
E. James H. MacPherson 533 Overlook Drive North Palm Beach, FL 33408 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $	5/11/93 500.00	500.00
F. Lynn C. Mackle 8131 Los Pinos Blvd. Coral Gables, FL 33146 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date $	3/08/93 500.00	500.00
G. G. Brock Magruder 116 W. Sturtevant Orlando, FL 32806 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $	6/28/93 500.00	500.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Manu G. Mahtani 13907 Wellesford Way Tampa, FL 33624 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Primas, Inc. Occupation businessman Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/17/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code James F. Major 4501 E. Columbus Avenue Tampa, FL 33605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer WFTS-TV Occupation general manager Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/03/93	Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code James F. Major 4501 E. Columbus Avenue Tampa, FL 33605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer WFTS-TV Occupation general manager Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period (330.00) redesignated
D. Full Name, Mailing Address and ZIP Code James F. Major 4501 E. Columbus Avenue Tampa, FL 33605 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer WFTS-TV Occupation general manager Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period 330.00 redesignated
E. Full Name, Mailing Address and ZIP Code James F. Major 4501 E. Columbus Avenue Tampa, FL 33605 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer WFTS-TV Occupation general manager Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 170.00
F. Full Name, Mailing Address and ZIP Code Christopher K. Malfitano 963 Eve Street Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/28/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Kent Manley 2077 Pine Ridge Road Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation farmer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/10/93	Amount of Each Receipt this Period 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

A. Full Name, Mailing Address and ZIP Code Devindar A. Maraj 2940 N.W. 26th Court Boca Raton, FL 33434 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Champion Porsche Occupation president Aggregate Year-to-Date > $ 750.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 1/22/93	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period (400.00) redesignated
D. Full Name, Mailing Address and ZIP Code Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period 400.00 redesignated
E. Full Name, Mailing Address and ZIP Code Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 2/24/93	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code Joel B. Marks 2425 Newport Avenue Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code James J. Marks, Jr. 419 Citation Drive Cantonment, FL 32533 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Martine's Corp. Occupation executive Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 4/28/93	Amount of Each Receipt this Period 800.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark L. Marlow 5959 Colony Place Drive Lakeland, FL 33813 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Drummond Co., Inc. dir of mktng. & sales Aggregate Year-to-Date $	5/18/93 250.00	250.00
B. E. Snow Martin P. O. Box 117 Lakeland, FL 33802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Martin & Martin attorney Aggregate Year-to-Date $	5/19/93 250.00	250.00
C. Pedro Martin 13430 S.W. 25th Street Miami, FL 33175 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested Aggregate Year-to-Date $	1/12/93 250.00	250.00
D. Richard A. A. Martin 2301 Ringling Blvd. Sarasota, FL 34237 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Purmort & Martin Ins. insurance agent Aggregate Year-to-Date $	1/27/93 500.00	200.00
E. Richard A. A. Martin 2301 Ringling Blvd. Sarasota, FL 34237 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Purmort & Martin Ins. insurance agent Aggregate Year-to-Date $	2/16/93 500.00	300.00
F. Kathryn Martinez 1105 Shorewood Drive Orlando, FL 32806 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a housewife Aggregate Year-to-Date $	6/02/93 1,000.00	1,000.00
G. Jorge L. Mas 6305 S.W. 128th St. Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Church & Tower executive Aggregate Year-to-Date $	1/12/93 1,500.00	1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200706112

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jorge L. Mas 6305 S.W. 128th St. Miami, FL 33156	Church & Tower	5/05/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jorge L. Mas 6305 S.W. 128th St. Miami, FL 33156	Church & Tower	6/08/93	(1,000.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Irma S. Mas 6305 S.W. 128th Street Miami, FL 33156	information requested	6/08/93	1,000.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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**
Jorge L. Mas 6305 S.W. 128th St. Miami, FL 33156	Church & Tower	6/15/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jorge L. Mas 6305 S.W. 128th St. Miami, FL 33156	Church & Tower	6/15/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Raymond K. Mason, Jr. P. O. Box 10696 Jacksonville, FL 32207	Amer. Natl. Bank	4/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: banker Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Domenic L. Massari, III 4830 W. Kennedy Blvd. Tampa, FL 33609	information requested	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

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SCHEDULE A **ITEMIZED RECEIPTS.**

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200613

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Massey 1550 Via Tuscany Winter Park, FL 32789	n/a	5/21/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey L. Massey 1550 Via Tuscany Winter Park, FL 32789	Massey Services, Inc.	5/21/93	500.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Matarrese 5350 Bayshore Ave. Cape Coral, FL 33904	n/a	1/21/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Matarrese 5350 Bayshore Ave. Cape Coral, FL 33904	n/a	4/12/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Matarrese 5350 Bayshore Ave. Cape Coral, FL 33904	n/a	5/10/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Matarrese 5350 Bayshore Ave. Cape Coral, FL 33904	n/a	6/16/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott C. Mathis 7521 Brigantine Lane Parkland, FL 33067	Intermedics, Inc.	5/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: medical sales rep	Aggregate Year-to-Date > $	500.00

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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
Thomas J. Matkov 11320 S.W. 74th Court Miami, FL 33156	information requested	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
C. Parkhill Mays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803	Holland & Knight	5/07/93	340.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 340.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Parkhill Mays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803	Holland & Knight	6/21/93	(340.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 340.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Parkhill Mays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803	Holland & Knight	6/21/93	340.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 340.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David H. McClain P. O. Box 1601 Tampa, FL 33601	self-employed	5/10/93	331.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 331.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David H. McClain P. O. Box 1601 Tampa, FL 33601	self-employed	6/23/93	(331.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 331.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David H. McClain P. O. Box 1601 Tampa, FL 33601	self-employed	6/23/93	331.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 331.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John A. McCoy P. O. Box 9019 Winter Haven, FL 33883 Receipt For: [x] Primary [ ] General [ ] Other (specify):	John A. McCoy, Inc. Occupation health care Aggregate Year-to-Date > $	1/28/93 330.00	330.00
B. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	1/26/93 1,000.00	330.00
C. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	2/05/93 1,000.00	(330.00) redesignated
D. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [ ] Primary [x] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	2/05/93 1,000.00	330.00 redesignated
E. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [ ] Primary [x] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	3/03/93 1,000.00	500.00
F. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	5/18/93 1,000.00	170.00
G. Full Name, Mailing Address and ZIP Code Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > $	6/07/93 1,000.00	(170.00) redesignated

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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
Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609	TECO Energy, Inc.	6/07/93	170.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: corp. counsel	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**
K. E. McDonald 127 6th Street, E. Tierra Verde, FL 33715	Florida Power Corp.	5/25/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert D. McDougal, III 3510 S. Dixie Highway Miami, FL 33133	Culligan Water Soft.	3/11/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: ceo	Aggregate Year-to-Date $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert D. McDougal, III 3510 S. Dixie Highway Miami, FL 33133	Culligan Water Soft.	4/12/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: ceo	Aggregate Year-to-Date $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert D. McDougal, III 3510 S. Dixie Highway Miami, FL 33133	Culligan Water Soft.	4/12/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: ceo	Aggregate Year-to-Date $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norris B. McFarlane 456 Worth Avenue Palm Beach, FL 33480	Macalloy Corp.	1/05/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date $	1,500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norris B. McFarlane 456 Worth Avenue Palm Beach, FL 33480	Macalloy Corp.	2/26/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date $	1,500.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200706117

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norris B. McFarlane 456 Worth Avenue Palm Beach, FL 33480	Macalloy Corp.	3/09/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norris B. McFarlane 456 Worth Avenue Palm Beach, FL 33480	Macalloy Corp.	3/09/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norris B. McFarlane 456 Worth Avenue Palm Beach, FL 33480	Macalloy Corp.	5/20/93	900.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	1,500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeannette M. McGill 2135 S. Congress Avenue, 1C West Palm Beach, FL 33406	information requested	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis J. McGillicuddy 5111 Ocean Blvd., Suite C Sarasota, FL 34242	Coaxial Productions	2/16/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Graciela S. McGillicuddy 5111 Ocean Blvd., Suite C Sarasota, FL 34242	n/a	2/16/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: housewife	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**
W. A. McGriff, III P. O. Box 56350 Jacksonville, FL 32241	self-employed	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investor	Aggregate Year-to-Date > $	1,000.00

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Thomas R. McGuigan 6645 S.W. 102nd Street Miami, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code James E. McIntyre P. O. Box 1460 Panama City, FL 32402 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer W. Fla. Natural Gas Occupation manager Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code Clarence V. McKee 2525-A Bayshore Blvd. Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer McKee Communications Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Clarence V. McKee 2525-A Bayshore Blvd. Tampa, FL 33629 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer McKee Communications Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/04/93	Amount of Each Receipt this Period (410.00) redesignated
E. Full Name, Mailing Address and ZIP Code Clarence V. McKee 2525-A Bayshore Blvd. Tampa, FL 33629 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer McKee Communications Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/04/93	Amount of Each Receipt this Period 410.00 redesignated
F. Full Name, Mailing Address and ZIP Code James W. McKee, Jr. 350 Sedgwick Court Naples, FL 33963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 1/13/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code James W. McKee, Jr. 350 Sedgwick Court Naples, FL 33963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joel H. McKinnon 701 Via Bella Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested / information requested / $ 250.00	6/02/93	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James A. McLaughlin, Jr. 5073 Latrobe Drive Windermere, FL 34786 Receipt For: [x] Primary [ ] General [ ] Other (specify):	POA Acquisition Corp. / president / $ 600.00	3/02/93	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James A. McLaughlin, Jr. 5073 Latrobe Drive Windermere, FL 34786 Receipt For: [x] Primary [ ] General [ ] Other (specify):	POA Acquisition Corp. / president / $ 600.00	6/02/93	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Van L. McNeel P. O. Box 23887 Tampa, FL 33623 Receipt For: [x] Primary [ ] General [ ] Other (specify):	McNeel International / executive / $ 600.00	3/10/93	600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Van L. McNeel P. O. Box 23887 Tampa, FL 33623 Receipt For: [x] Primary [ ] General [ ] Other (specify):	McNeel International / executive / $ 600.00	4/23/93	(600.00) redesignated
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Van L. McNeel P. O. Box 23887 Tampa, FL 33623 Receipt For: [ ] Primary [x] General [ ] Other (specify):	McNeel International / executive / $ 600.00	4/23/93	600.00 redesignated
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. McNeill 3003 Tamiami Trail, N. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Case Pomeroy Prop. / real estate investor / $ 500.00	5/03/93	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John P. McNulty 18 Joanna Way Short Hills, NJ 07078 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested Aggregate Year-to-Date $ 500.00	5/26/93	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. James McNutt 150 Belleview Drive, #505 Belleair, FL 34616 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $ 700.00	3/12/93	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. James McNutt 150 Belleview Drive, #505 Belleair, FL 34616 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $ 700.00	5/05/93	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. James McNutt 150 Belleview Drive, #505 Belleair, FL 34616 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $ 700.00	5/10/93	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. James McNutt 150 Belleview Drive, #505 Belleair, FL 34616 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date $ 700.00	6/28/93	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter A. McRae, Jr. 1725 Memorial Park Drive Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Scott-McRae Auto Grp self-employed Aggregate Year-to-Date $ 750.00	5/11/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter A. McRae, Jr. 1725 Memorial Park Drive Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Scott-McRae Auto Grp self-employed Aggregate Year-to-Date $ 750.00	6/14/93	(250.00) reattributed

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Elizabeth Grimes McRae 1725 Memorial Park Drive Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $ 250.00	6/14/93	250.00 reattributed
B. Walter A. McRae, Jr. 1725 Memorial Park Drive Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Scott-McRae Auto Grp Occupation: self-employed Aggregate Year-to-Date $ 750.00	6/25/93	(750.00) redesignated
C. Walter A. McRae, Jr. 1725 Memorial Park Drive Jacksonville, FL 32204 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Scott-McRae Auto Grp Occupation: self-employed Aggregate Year-to-Date $ 750.00	6/25/93	750.00 redesignated
D. Robert Medell P. O. Box 65011 Miami, FL 33165 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tate Board Occupation: chairman Aggregate Year-to-Date $ 1,000.00	3/15/93	1,000.00
E. Vikram P. Mehta, M.D. 2759 Marsh Wren Circle Longwood, FL 32779 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: physician Aggregate Year-to-Date $ 500.00	6/29/93	500.00
F. Paul I. Meli 2401 S.E. 8th Court Pompano Beach, FL 33062 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bridgeport Chemical Occupation: exec. v.p. Aggregate Year-to-Date $ 400.00	2/10/93	400.00
G. Paul I. Meli 2401 S.E. 8th Court Pompano Beach, FL 33062 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bridgeport Chemical Occupation: exec. v.p. Aggregate Year-to-Date $ 400.00	3/08/93	(200.00) redesignated

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Paul I. Meli 2401 S.E. 8th Court Pompano Beach, FL 33062 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Bridgeport Chemical Occupation exec. v.p. Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 200.00 redesignated
B. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 3/17/93	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period (400.00) redesignated
D. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 400.00 redesignated
E. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period (400.00) redesignated
G. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commercial Blvd., #300 Ft. Lauderdale, FL 33308 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 400.00 redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code David Melin 3551 N.W. 116th Street Miami, FL 33167 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer TAP, Inc. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/01/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code David Melin 3551 N.W. 116th Street Miami, FL 33167 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer TAP, Inc. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/10/93	Amount of Each Receipt this Period (100.00) redesignated
C. Full Name, Mailing Address and ZIP Code David Melin 3551 N.W. 116th Street Miami, FL 33167 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer TAP, Inc. Occupation president Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/10/93	Amount of Each Receipt this Period 100.00 redesignated
D. Full Name, Mailing Address and ZIP Code Carlos Mencio 1358 S.W. 22nd Terrace Miami, FL 33145 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Granada Insurance Co. Occupation insurance Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/24/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code M. J. Menge 4080 Dunwoody Drive Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Shell, Fleming, et al Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code M. J. Menge 4080 Dunwoody Drive Pensacola, FL 32503 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Shell, Fleming, et al Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period (200.00) redesignated
G. Full Name, Mailing Address and ZIP Code M. J. Menge 4080 Dunwoody Drive Pensacola, FL 32503 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Shell, Fleming, et al Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 200.00 redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code H. Kent Mergler 7036 S.E. Harbor Circle Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Loomis, Sayles & Co. Occupation investment counselor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 1/06/93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code H. Kent Mergler 7036 S.E. Harbor Circle Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Loomis, Sayles & Co. Occupation investment counselor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code H. Kent Mergler 7036 S.E. Harbor Circle Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Loomis, Sayles & Co. Occupation investment counselor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/21/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code H. Kent Mergler 7036 S.E. Harbor Circle Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Loomis, Sayles & Co. Occupation investment counselor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period (100.00) redesignated
E. Full Name, Mailing Address and ZIP Code H. Kent Mergler 7036 S.E. Harbor Circle Stuart, FL 34996 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Loomis, Sayles & Co. Occupation investment counselor Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period 100.00 redesignated
F. Full Name, Mailing Address and ZIP Code Anne E. Mersis 2240 S.E. Fifth Street Ocala, FL 34471 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code James Elliott Messer P. O. Box 1876 Tallahassee, FL 32302 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Messer, Vickers et al Occupation attorney Aggregate Year-to-Date > $ 270.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 270.00

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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
Joyce Metcalf 12142 Dividing Oaks Trail, East Jacksonville, FL 32223	information requested	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary Metzger 8223 Addy Circle Tampa, FL 33611	information requested	3/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mary S. Migliore 4520 Hidden Oak Court Orlando, FL 32804	n/a	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ann B. Miller 606 Silvershore Drive Pensacola, FL 32507	information requested	5/10/93	600.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	600.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ernest M. Miller 2063 N.W. 19th Way Boca Raton, FL 33432	Arvida Co.	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank E. Miller 35212 Riverside Avenue Jacksonville, FL 32205	Pappas, Metcalf et al	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507	self-employed	4/05/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: broadcaster/publisher	Aggregate Year-to-Date > $	400.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation broadcaster/publisher Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period (400.00) redesignated
B. Full Name, Mailing Address and ZIP Code J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation broadcaster/publisher Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 400.00 redesignated
C. Full Name, Mailing Address and ZIP Code Ronald C. Miller 1325 Jefferson Drive Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Publix Supermarkets Occupation dir. of pharmacy Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code C. Donald Miller, Jr. 216 21st St. W. Bradenton, FL 33505 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation developer Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/12/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Thomas W. Miller, Jr. P. O. Box 1779 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/13/93	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code Thomas W. Miller, Jr. P. O. Box 1779 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Thomas W. Miller, Jr. P. O. Box 1779 Winter Park, FL 32790 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 100.00

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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
James D. Milligan 7309 Pine Needle Rd. Sarasota, FL 34242	self-employed	5/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investor	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	1/26/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	2/08/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	2/08/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	4/30/93	350.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	5/11/93	(350.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eddie L. Mills 610 Ninth Street, North St. Petersburg, FL 33705	Mills-Anderson Opt.	5/11/93	350.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: optician	Aggregate Year-to-Date > $	680.00

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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
Thomas L. Mills 643 Ranger Court Davidsonville, MD 21035	Dyer, Ellis, et al	3/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera M. Milner 1920 Virginia Avenue, 101-A Ft. Myers, FL 33901	n/a	1/20/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera M. Milner 1920 Virginia Avenue, 101-A Ft. Myers, FL 33901	n/a	6/03/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera M. Milner 1920 Virginia Avenue, 101-A Ft. Myers, FL 33901	n/a	6/16/93	(25.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vera M. Milner 1920 Virginia Avenue, 101-A Ft. Myers, FL 33901	n/a	6/16/93	25.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose Milton 3211 Ponce de Leon Blvd., Suite 301 Coral Gables, FL 33134	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barton S. Mitchell P. O. Box 2799 Baltimore, MD 21225	So. Maryland Marine	3/03/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 250.00	

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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
L. E. Mitchell 124 Fairview East Tequesta, FL 33469	Bankers Trust of Fla.	5/14/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: banker	Aggregate Year-to-Date > $	300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mary Jane Mitchell 2214 Coventry Avenue Lakeland, FL 33803	n/a	5/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerome H. Modell, M.D. P. O. Box 14286 Gainesville, FL 32604	Univ. of Florida	5/05/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician	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**
Shirley Graves Modell, M.D. P. O. Box 14286 Gainesville, FL 32604	Univ. of Florida	1/27/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Walter J. Molak, Jr. 6363 Taft Street, Suite 100 Hollywood, FL 33024	self-employed	5/10/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chiropractor	Aggregate Year-to-Date > $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Debora S. W. Moller 510 N. Casey Key Road Osprey, FL 34229	n/a	5/18/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles J. Montgomery, M.D. 700 Fountainhead Lane Naples, FL 33940	Montgomery Eye Center	6/17/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	1,000.00

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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 J. Montgomery, M.D. 700 Fountainhead Lane Naples, FL 33940	Montgomery Eye Center	6/29/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician 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
Charles J. Montgomery, M.D. 700 Fountainhead Lane Naples, FL 33940	Montgomery Eye Center	6/29/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician 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
Amanda B. Moore P. O. Box 406 Tampa, FL 33601	n/a	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John K. Moore P. O. Box 3531 Vero Beach, FL 32964	Beach Bank	1/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: banker Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter R. Moore P. O. Box 18884 Pensacola, FL 32523	Pete Moore Chevrolet	2/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter R. Moore P. O. Box 18884 Pensacola, FL 32523	Pete Moore Chevrolet	3/09/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter R. Moore P. O. Box 18884 Pensacola, FL 32523	Pete Moore Chevrolet	3/09/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: auto dealer Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200706331

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry A. Moore 1951 Largo Road Jacksonville, FL 32207	Brant, Moore, et al	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	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**
James M. Moran Post Office Box 1160 Deerfield Beach, FL 33442	JM Family Enterprises	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman	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 M. Moran Post Office Box 1160 Deerfield Beach, FL 33442	JM Family Enterprises	6/02/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman	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**
James M. Moran Post Office Box 1160 Deerfield Beach, FL 33442	JM Family Enterprises	6/02/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: chairman	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**
George R. Moreau 14188 Fennsbury Drive Tampa, FL 33624	self-employed	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: C.P.A.	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George R. Moreau 14188 Fennsbury Drive Tampa, FL 33624	self-employed	4/30/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: C.P.A.	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George R. Moreau 14188 Fennsbury Drive Tampa, FL 33624	self-employed	4/30/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: C.P.A.	Aggregate Year-to-Date > $	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Domingo R. Moreira 815 N.W. 57th Ave., #200 Miami, FL 33126 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ladex Occupation executive Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Domingo R. Moreira 815 N.W. 57th Ave., #200 Miami, FL 33126 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ladex Occupation executive Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period (1,000.00) redesignated
C. Full Name, Mailing Address and ZIP Code Domingo R. Moreira 815 N.W. 57th Ave., #200 Miami, FL 33126 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Ladex Occupation executive Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 1,000.00 redesignated
D. Full Name, Mailing Address and ZIP Code Dianna Morgan 9325 Fenton Street Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/02/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Rebecca Moroose, M.D. 1800 Summerland Avenue Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Clinton Morrison P. O. Box 493 Boca Grande, FL 33921 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Clinton Morrison P. O. Box 493 Boca Grande, FL 33921 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 100.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	3/09/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	3/24/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	4/12/93	(50.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	4/12/93	50.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	4/19/93	50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	5/10/93	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156	n/a	6/05/93	(200.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 525.00	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 525.00	6/05/93	200.00 redesignated
B. Full Name, Mailing Address and ZIP Code Jean L. Morrison 10101 S.W. 56th Avenue Miami, FL 33156 $75 refund 7/23/93 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 525.00	6/28/93	75.00
C. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 600.00	2/01/93	400.00
D. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 600.00	3/25/93	(200.00) reattributed
E. Full Name, Mailing Address and ZIP Code Barbara M. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date > $ 200.00	3/25/93	200.00 reattributed
F. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 600.00	3/25/93	(200.00) redesignated
G. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	self-employed Occupation: citrus Aggregate Year-to-Date > $ 600.00	3/25/93	200.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation citrus Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation citrus Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 5/29/93	Amount of Each Receipt this Period (400.00) redesignated
C. Full Name, Mailing Address and ZIP Code John J. Morrison 531 Indian Harbor Road Vero Beach, FL 32963 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer self-employed Occupation citrus Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 5/29/93	Amount of Each Receipt this Period 400.00 redesignated
D. Full Name, Mailing Address and ZIP Code Frank L. Morsani 4600 N. Dale Mabry, Suite 200 Tampa, FL 33614 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Precision Motor Cars Occupation owner Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 3/19/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Frank L. Morsani 4600 N. Dale Mabry, Suite 200 Tampa, FL 33614 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Precision Motor Cars Occupation owner Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period (500.00) redesignated
F. Full Name, Mailing Address and ZIP Code Frank L. Morsani 4600 N. Dale Mabry, Suite 200 Tampa, FL 33614 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Precision Motor Cars Occupation owner Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 500.00 redesignated
G. Full Name, Mailing Address and ZIP Code Frank L. Morsani 4600 N. Dale Mabry, Suite 200 Tampa, FL 33614 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Precision Motor Cars Occupation owner Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 5/07/93	Amount of Each Receipt this Period 400.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Gary Morse 1200 Avenida Central Lady Lake, FL 32159 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed developer Aggregate Year-to-Date > $ 500.00	6/03/93	500.00
B. Full Name, Mailing Address and ZIP Code Edward A. Morton 116 Palmetto Dunes Cr. Naples, FL 33962 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Comm. Health Care Inc vice-president Aggregate Year-to-Date > $ 500.00	2/16/93	500.00
C. Full Name, Mailing Address and ZIP Code Frank Moya, M.D. 801 Arthur Godfrey Dr., #400 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Mt. Sinai Med. Center physician Aggregate Year-to-Date > $ 1,000.00	1/27/93	500.00
D. Full Name, Mailing Address and ZIP Code Frank Moya, M.D. 801 Arthur Godfrey Dr., #400 Miami Beach, FL 33140 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Mt. Sinai Med. Center physician Aggregate Year-to-Date > $ 1,000.00	2/15/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code Frank Moya, M.D. 801 Arthur Godfrey Dr., #400 Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Mt. Sinai Med. Center physician Aggregate Year-to-Date > $ 1,000.00	2/15/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code Frank Moya, M.D. 801 Arthur Godfrey Dr., #400 Miami Beach, FL 33140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Mt. Sinai Med. Center physician Aggregate Year-to-Date > $ 1,000.00	5/07/93	500.00
G. Full Name, Mailing Address and ZIP Code Jeffrey I. Mullens 229 Barton Avenue Palm Beach, FL 33480 Receipt For: [X] Primary [ ] General [ ] Other (specify):	information requested information requested Aggregate Year-to-Date > $ 1,000.00	5/27/93	1,000.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Rulon D. Munns 718 Mustang Court Winter Springs, FL 32708	information requested	6/02/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code Andres Murai, Jr. 200 Solano Prado Coral Gables, FL 33156	Berna Products	4/19/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code S. Blair Murphy, M.D. 2031 Venetian Way Winter Park, FL 32789	information requested	6/29/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code Vincent J. Naimoli 16406 Avila Blvd. Tampa, FL 33613	Anchor Industries	3/23/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: businessman Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Vincent J. Naimoli 16406 Avila Blvd. Tampa, FL 33613	Anchor Industries	6/28/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: businessman Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Vincent J. Naimoli 16406 Avila Blvd. Tampa, FL 33613	Anchor Industries	6/30/93	(450.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: businessman Aggregate Year-to-Date > $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Vincent J. Naimoli 16406 Avila Blvd. Tampa, FL 33613	Anchor Industries	6/30/93	450.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: businessman Aggregate Year-to-Date > $ 1,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sheldon Nassberg, M.D. 5601 N. Dixie Hwy., Suite 407 Ft. Lauderdale, FL 33334 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date > $	5/20/93 250.00	250.00
B. P. Natarajan, M.D. 7902 Sanderling Road Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date > $	1/26/93 625.00	125.00
C. P. Natarajan, M.D. 7902 Sanderling Road Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date > $	6/29/93 625.00	500.00
D. Dr. Neil A. Natkow 3300 N.E. 191st Street, #LPH-6 Aventura, FL 33180 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Family Health Plan physician Aggregate Year-to-Date > $	5/26/93 500.00	500.00
E. Jane B. Nelson 5225 Hidden Harbor Road Sarasota, FL 34242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a homemaker Aggregate Year-to-Date > $	2/16/93 1,000.00	1,000.00
F. M. Roy Newsome 2011 59th Street, N. Clearwater, FL 34620 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Sound Construction construction manager Aggregate Year-to-Date > $	5/24/93 250.00	250.00
G. Eleanor Forde Newton 7130 Estero Blvd. Ft. Myers, FL 33931 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	2/16/93 1,200.00	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Eleanor Forde Newton 7130 Estero Blvd. Ft. Myers, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,200.00	5/14/93	500.00
B. Full Name, Mailing Address and ZIP Code Eleanor Forde Newton 7130 Estero Blvd. Ft. Myers, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,200.00	6/08/93	(400.00) redesignated
C. Full Name, Mailing Address and ZIP Code Eleanor Forde Newton 7130 Estero Blvd. Ft. Myers, FL 33931 Receipt For: [ ] Primary [X] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,200.00	6/08/93	400.00 redesignated
D. Full Name, Mailing Address and ZIP Code James D. Newton 7130 Estero Blvd. Ft. Myers Beach, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	James Newton & Assoc. Occupation: investment conselor Aggregate Year-to-Date > $ 50.00	1/12/93	250.00
E. Full Name, Mailing Address and ZIP Code James D. Newton 7130 Estero Blvd. Ft. Myers Beach, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	James Newton & Assoc. Occupation: investment conselor Aggregate Year-to-Date > $ 50.00	2/18/93	(200.00) reattributed
F. Full Name, Mailing Address and ZIP Code Eleanor Forde Newton 7130 Estero Blvd. Ft. Myers, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 1,200.00	2/18/93	200.00 reattributed
G. Full Name, Mailing Address and ZIP Code James D. Newton 7130 Estero Blvd. Ft. Myers Beach, FL 33931 Receipt For: [X] Primary [ ] General [ ] Other (specify):	James Newton & Assoc. Occupation: investment conselor Aggregate Year-to-Date > $ 50.00	2/18/93	(50.00) redesignated

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James D. Newton 7130 Estero Blvd. Ft. Myers Beach, FL 33931 Receipt For: [ ] Primary [x] General [ ] Other (specify):	James Newton & Assoc. Occupation: investment conselor Aggregate Year-to-Date $	2/18/93 50.00	50.00 redesignated
B. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	1/27/93 1,075.00	400.00
C. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	2/10/93 1,075.00	(325.00) redesignated
D. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	2/10/93 1,075.00	325.00 redesignated
E. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	5/11/93 1,075.00	1,000.00
F. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	5/24/93 1,075.00	675.00
G. Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: private investor Aggregate Year-to-Date $	6/29/93 1,075.00	(1,000.00) reattributed

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Julie H. Newton P. O. Box 52898 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00 reattributed
B. Full Name, Mailing Address and ZIP Code Gerald L. Nichols 4548 Mundy Road Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	5/11/93	250.00
C. Full Name, Mailing Address and ZIP Code Eric Nickelsen 2761 Dunsinane Road Pensacola, FL 32503 $400 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Citizens & Peoples Occupation: banker Aggregate Year-to-Date > $ 400.00	6/18/93	400.00
D. Full Name, Mailing Address and ZIP Code Michael A. Nolen 6 East Germantown Pike Plymouth Meeting, PA 19462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 1,000.00	5/17/93	2,000.00
E. Full Name, Mailing Address and ZIP Code Michael A. Nolen 6 East Germantown Pike Plymouth Meeting, PA 19462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 1,000.00	6/04/93	(1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code Michael A. Nolen 6 East Germantown Pike Plymouth Meeting, PA 19462 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 1,000.00	6/04/93	1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code Michael A. Nolen 6 East Germantown Pike Plymouth Meeting, PA 19462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: developer Aggregate Year-to-Date > $ 1,000.00	6/07/93	(1,000.00) reattributed

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Mary Jane Nolen 6 East Germantown Pike Plymouth Meeting, PA 19462 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 1,000.00 reattributed
B. Full Name, Mailing Address and ZIP Code James W. Nugent 1785 Coral Way North Vero Beach, FL 32963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 3/30/93	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code James W. Nugent 1785 Coral Way North Vero Beach, FL 32963 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period (50.00) redesignated
D. Full Name, Mailing Address and ZIP Code James W. Nugent 1785 Coral Way North Vero Beach, FL 32963 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period 50.00 redesignated
E. Full Name, Mailing Address and ZIP Code James W. Nugent 1785 Coral Way North Vero Beach, FL 32963 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 950.00
F. Full Name, Mailing Address and ZIP Code Elpidio Nunez 2100 N.W. 23rd Street Miami, FL 33242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Northwestern Meat Occupation executive Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Elpidio Nunez 2100 N.W. 23rd Street Miami, FL 33242 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Northwestern Meat Occupation executive Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period (200.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Elpidio Nunez 2100 N.W. 23rd Street Miami, FL 33242 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Northwestern Meat Occupation executive Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 200.00 redesignated
B. Full Name, Mailing Address and ZIP Code Mary J. Nunis 6324 Dean Circle Windermere, FL 34786 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/25/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Richard A. Nunis 6324 Dean Circle Windermere, FL 34786 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Walt Disney Occupation chairman Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/25/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Thomas G. O'Brien, III 81 Sandbourne Lane Palm Beach Gardens, FL 33418 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Steel Hector Davis Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Patricia O'Connell 1025 Wildwood Lane Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/05/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Jeffrey J. O'Hara 5404 Monterrey Club Court Windermere, FL 34786 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Red Lobster Occupation president Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jeffrey J. O'Hara 5404 Monterrey Club Court Windermere, FL 34786 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Red Lobster Occupation president Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period (1,000.00) redesignated

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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
Jeffrey J. O'Hara 5404 Monterrey Club Court Windermere, FL 34786	Red Lobster	6/06/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: president	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
Lawrence J. O'Neil 602 Riverhills Drive Temple Terrace, FL 33617	MacFarland Ferguson	2/02/93	330.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 510.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence J. O'Neil 602 Riverhills Drive Temple Terrace, FL 33617	MacFarland Ferguson	2/22/93	180.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 510.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence J. O'Neil 602 Riverhills Drive Temple Terrace, FL 33617	MacFarland Ferguson	3/15/93	(510.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 510.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence J. O'Neil 602 Riverhills Drive Temple Terrace, FL 33617	MacFarland Ferguson	3/15/93	510.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 510.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	n/a	2/23/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	n/a	3/12/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 500.00	

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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
Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	n/a	3/12/93	500.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas E. Oakley P. O. Box 4170 Lake Wales, FL 33859	Oakley Groves, Inc.	6/09/93	330.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: owner	Aggregate Year-to-Date > $	330.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082	Odum Properties	1/25/93	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: timber	Aggregate Year-to-Date > $	600.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082	Odum Properties	2/08/93	(200.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: timber	Aggregate Year-to-Date > $	600.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082	Odum Properties	2/08/93	200.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: timber	Aggregate Year-to-Date > $	600.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082	Odum Properties	5/03/93	600.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: timber	Aggregate Year-to-Date > $	600.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082	Odum Properties	6/07/93	(400.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: timber	Aggregate Year-to-Date > $	600.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Odum Properties Occupation timber Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period (200.00) reattributed
B. Full Name, Mailing Address and ZIP Code Frances E. Odom 200 Executive Way Ponte Vedra Beach, FL 32082 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 200.00 reattributed
C. Full Name, Mailing Address and ZIP Code W. Guy Odum, Jr. 200 Executive Way Ponte Vedra Beach, FL 32082 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Odum Properties Occupation timber Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 400.00 redesignated
D. Full Name, Mailing Address and ZIP Code Richard G. Onkey, M.D. 101 8th Street S. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 1/26/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Richard G. Onkey, M.D. 101 8th Street S. Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period (1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code Richard G. Onkey, M.D. 101 8th Street S. Naples, FL 33940 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period 1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code Gregory J. Orcutt 401 E. Jackson Street, Suite 2400 Tampa, FL 33602 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Anderson & Orcutt Occupation attorney Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period 400.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Warren S. Orlando 7489 Campo Florido Boca Raton, FL 33433 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer 1st United Bank Occupation president Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/19/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Thomas F. Orthman 5050 Northampton Drive Ft. Myers, FL 33919 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer First Federal Occupation banking Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/19/93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/26/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period (250.00) redesignated
E. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/06/93	Amount of Each Receipt this Period 250.00 redesignated
F. Full Name, Mailing Address and ZIP Code Harold L. Oshry 5304 Woodlands Blvd. Tamarac, FL 33319 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/17/93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Harold L. Oshry 5304 Woodlands Blvd. Tamarac, FL 33319 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/17/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Harold L. Oshry 5304 Woodlands Blvd. Tamarac, FL 33319 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period (75.00) redesignated
B. Full Name, Mailing Address and ZIP Code Harold L. Oshry 5304 Woodlands Blvd. Tamarac, FL 33319 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period 75.00 redesignated
C. Full Name, Mailing Address and ZIP Code Dale L. Osterling, M.D. P. O. Box 1959 Inverness, FL 32652 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 2/22/93	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Dale L. Osterling, M.D. P. O. Box 1959 Inverness, FL 32652 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 3/09/93	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code Dale L. Osterling, M.D. P. O. Box 1959 Inverness, FL 32652 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Susan M. Ottenstroer 3025 Bishop Estates Road Jacksonville, FL 32259 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code C. M. Overstreet Star Route Kathleen, FL 33849 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation electric co-op Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/04/93	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Thomas A. Owens, Jr. P. O. Box 609 Marco Island, FL 33969	TAO Consulting	4/27/93	750.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: consultant	Aggregate Year-to-Date > $ 750.00	
B. Full Name, Mailing Address and ZIP Code John T. Oxley 1305 Williams Center Tower I Tulsa, OK 74103	Name of Employer: self-employed	Date (month, day, year): 4/27/93	Amount of Each Receipt this Period: 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: ranching/investments	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code W. M. Palmer, Jr. P. O. Box 367 Ocala, FL 32678	Name of Employer: MFM Industries	Date (month, day, year): 3/18/93	Amount of Each Receipt this Period: 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 1,000.00	
D. Full Name, Mailing Address and ZIP Code W. M. Palmer, Jr. P. O. Box 367 Ocala, FL 32678	Name of Employer: MFM Industries	Date (month, day, year): 6/11/93	Amount of Each Receipt this Period: 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Nicholas Panagi 974 Deerwood Loop Longwood, FL 32779	Name of Employer: information requested	Date (month, day, year): 3/10/93	Amount of Each Receipt this Period: 250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code Nicholas A. Panuzio 917 S. St. Asaph Street Alexandria, VA 22314	Name of Employer: Black, Manafort Stone	Date (month, day, year): 3/01/93	Amount of Each Receipt this Period: 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: associate	Aggregate Year-to-Date > $ 1,000.00	
G. Full Name, Mailing Address and ZIP Code David F. Parish 21231 N.E. 23rd Avenue N. Miami Beach, FL 33180	Name of Employer: information requested	Date (month, day, year): 6/09/93	Amount of Each Receipt this Period: 750.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 750.00	

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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 C. Parish 122 Moorings Park Drive, #G607 Naples, FL 33942	n/a	1/26/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
John C. Parish 122 Moorings Park Drive, #G607 Naples, FL 33942	n/a	2/22/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
John C. Parish 122 Moorings Park Drive, #G607 Naples, FL 33942	n/a	3/29/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
John C. Parish 122 Moorings Park Drive, #G607 Naples, FL 33942	n/a	4/28/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
John C. Parish 122 Moorings Park Drive, #G607 Naples, FL 33942	n/a	4/28/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Ross Parker 2821 Parkland Blvd. Tampa, FL 33609	Parker Ventures, Inc.	4/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	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
Edward H. Parry 3113 Glenwood Court Safety Harbor, FL 34695	information requested	5/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	250.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Omar M. Pasalodos, M.D. 100 E. Sunrise Avenue Coral Gables, FL 33133 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed / physician / $ 500.00	1/12/93	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Passwaters 575 Sandy Hook Road Palm Harbor, FL 34683 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Provident Adv. & Mkt. / advertising / $ 325.00	2/11/93	75.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Passwaters 575 Sandy Hook Road Palm Harbor, FL 34683 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Provident Adv. & Mkt. / advertising / $ 325.00	6/07/93	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / retired / $ 350.00	1/12/93	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / retired / $ 350.00	2/22/93	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / retired / $ 350.00	3/29/93	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a / retired / $ 350.00	5/05/93	100.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 6/08/93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period (85.00) redesignated
C. Full Name, Mailing Address and ZIP Code Murray M. Patton 114 Moorings Park, #A111 Naples, FL 33942 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period 85.00 redesignated
D. Full Name, Mailing Address and ZIP Code Thomas V. Patton 2525 Peachtree Road, #32 Atlanta, GA 30305 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Triton, Inc. Occupation chairman Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/21/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Thomas E. Peacock 1270 Via Lugano Maitland, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer HHCP/Architects Occupation architect Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Donald E. Pearson 1302 Harbor Island Road Orlando, FL 32809 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Robert Pease 954 Bal Isle Drive Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer N C, Inc. Occupation cfo Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 5/14/93	Amount of Each Receipt this Period 300.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Robert Pease 954 Bal Isle Drive Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer N C, Inc. Occupation cfo Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period (25.00) redesignated
B. Full Name, Mailing Address and ZIP Code Robert Pease 954 Bal Isle Drive Ft. Myers, FL 33919 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer N C, Inc. Occupation cfo Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/04/93	Amount of Each Receipt this Period 25.00 redesignated
C. Full Name, Mailing Address and ZIP Code A. G. Peeler 442 Webb's Cove Osprey, FL 34229 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 4/08/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Jerry's Caterers Occupation catering Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 3/12/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Jerry's Caterers Occupation catering Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 4/19/93	Amount of Each Receipt this Period (250.00) redesignated
F. Full Name, Mailing Address and ZIP Code Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Jerry's Caterers Occupation catering Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 4/19/93	Amount of Each Receipt this Period 250.00 redesignated
G. Full Name, Mailing Address and ZIP Code Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Jerry's Caterers Occupation catering Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year) 4/27/93	Amount of Each Receipt this Period 500.00

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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
Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414	Jerry's Caterers	5/12/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: catering	Aggregate Year-to-Date > $ 1,250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414	Jerry's Caterers	5/12/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: catering	Aggregate Year-to-Date > $ 1,250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerard Pendergast 576 E. Rambling Drive West Palm Beach, FL 33414	Jerry's Caterers	6/21/93	250.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: catering	Aggregate Year-to-Date > $ 1,250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
S. Perry Penland, Sr. 233 E. Bay Street, Suite 111B Jacksonville, FL 32202	information requested	5/11/93	950.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 950.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lombardo Perez 9000 N.W. Seventh Avenue Miami, FL 33150	Metro Ford, Inc.	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: car dealer	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alfonso J. Perez, Jr. 100 S. Biscayne, Suite 800 Miami, FL 33131	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alfonso J. Perez, Jr. 100 S. Biscayne, Suite 800 Miami, FL 33131	information requested	3/15/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 1,500.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Alfonso J. Perez, Jr. 100 S. Biscayne, Suite 800 Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/26/93	Amount of Each Receipt this Period (500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Alfonso J. Perez, Jr. 100 S. Biscayne, Suite 800 Miami, FL 33131 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/26/93	Amount of Each Receipt this Period 500.00 redesignated
C. Full Name, Mailing Address and ZIP Code Delfin Pernas 11865 S.W. 26th Street, #A14 Miami, FL 33175 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Rebecca Perrine 2470 Tarpon Road Naples, FL 33962 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation mobile home park Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/04/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Rebecca Perrine 2470 Tarpon Road Naples, FL 33962 $63 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation mobile home park Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/11/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Norma Pesola 2244 S.E. 8th Street Ocala, FL 34471 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/28/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code E. Leslie Peter 510 Vonderburg Drive Brandon, FL 33511 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Leslie Peter & Co. Occupation president Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 330.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code E. Leslie Peter 510 Vonderburg Drive Brandon, FL 33511 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Leslie Peter & Co. Occupation president Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period (330.00) redesignated
B. Full Name, Mailing Address and ZIP Code E. Leslie Peter 510 Vonderburg Drive Brandon, FL 33511 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Leslie Peter & Co. Occupation president Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 330.00 redesignated
C. Full Name, Mailing Address and ZIP Code Calvin R. Peters, M.D. 467 Lakewood Drive Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Henry C. Petri 2780 N.E. 9th Court Pompano Beach, FL 33062 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Petris Pos. Pest Ctrl Occupation chairman Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 5/27/93	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 550.00	Date (month, day, year) 1/21/93	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 550.00	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 550.00	Date (month, day, year) 2/06/93	Amount of Each Receipt this Period (550.00) redesignated

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 550.00	2/06/93	550.00 redesignated
B. Full Name, Mailing Address and ZIP Code Ronald R. Petrini 12951 Estates Terrace, South Seminole, FL 34646 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Great Bay Dist., Inc. Occupation beer distributor Aggregate Year-to-Date > $ 575.00	2/02/93	75.00
C. Full Name, Mailing Address and ZIP Code Ronald R. Petrini 12951 Estates Terrace, South Seminole, FL 34646 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Great Bay Dist., Inc. Occupation beer distributor Aggregate Year-to-Date > $ 575.00	2/02/93	500.00
D. Full Name, Mailing Address and ZIP Code Ronald R. Petrini 12951 Estates Terrace, South Seminole, FL 34646 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Great Bay Dist., Inc. Occupation beer distributor Aggregate Year-to-Date > $ 575.00	3/24/93	(175.00) redesignated
E. Full Name, Mailing Address and ZIP Code Ronald R. Petrini 12951 Estates Terrace, South Seminole, FL 34646 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Great Bay Dist., Inc. Occupation beer distributor Aggregate Year-to-Date > $ 575.00	3/24/93	175.00 redesignated
F. Full Name, Mailing Address and ZIP Code Thomas F. Petway, III 2727 Atlantic Blvd. Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Home Bldrs. Ins. Svcs Occupation insurance Aggregate Year-to-Date > $ 1,000.00	5/11/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Thomas F. Petway, III 2727 Atlantic Blvd. Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Home Bldrs. Ins. Svcs Occupation insurance Aggregate Year-to-Date > $ 1,000.00	6/08/93	(400.00) redesignated

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SUBTOTAL of Receipts This Page (optional)	
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SCHEDULE A — ITEMIZED RECEIPTS

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

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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
Thomas F. Petway, III 2727 Atlantic Blvd. Jacksonville, FL 32207	Home Bldrs. Ins. Svcs	6/08/93	400.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: insurance	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**
F. Fred Pezeshkan P. O. Box 10733 Naples, FL 33940	Kraft Construction	2/16/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: general contractor	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd. Stuart, FL 34996	n/a	5/03/93	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard E. Phares, M.D. 100 Fifth Avenue, S. St. Petersburg, FL 33701	self-employed	5/19/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard E. Phares, M.D. 100 Fifth Avenue, S. St. Petersburg, FL 33701	self-employed	5/24/93	150.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. H. Pickens 8111 Preston Road, Suite 800 Dallas, TX 75225	self-employed	4/29/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation:	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**
R. H. Pickens 8111 Preston Road, Suite 800 Dallas, TX 75225	self-employed	5/10/93	(1,000.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation:	Aggregate Year-to-Date > $	1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. H. Pickens 8111 Preston Road, Suite 800 Dallas, TX 75225	self-employed	5/10/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation		
	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
George T. Piercy P. O. Box 2838 Ponte Vedra Beach, FL 32004	n/a	2/22/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation retired		
	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
George T. Piercy P. O. Box 2838 Ponte Vedra Beach, FL 32004 $100 refund 7/23/93	n/a	6/28/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation retired		
	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
Ivar A. Pietri No. J-1 Club Drive Guaynabo, PR 00657	information requested	6/29/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation information requested		
	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
Jack Pines 2345 Collins Lane Lakeland, FL 33803	self-employed	5/04/93	680.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation real estate		
	Aggregate Year-to-Date > $	680.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Pines 2345 Collins Lane Lakeland, FL 33803	self-employed	6/05/93	(680.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation real estate		
	Aggregate Year-to-Date > $	680.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Pines 2345 Collins Lane Lakeland, FL 33803	self-employed	6/05/93	680.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation real estate		
	Aggregate Year-to-Date > $	680.00	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald D. Pitman 4923 River Point Road Jacksonville, FL 32207	Pitman Companies	5/05/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: fruits & vegetables	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**
Sylvia Shaw Pitman P. O. Box 3823 Jacksonville, FL 32206	information requested	5/11/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
E. H. Pitman, Jr. 101 Century 21 Drive, #207 Jacksonville, FL 32216	self-employed	5/11/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: engineer	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**
E. H. Pitman, Jr. 101 Century 21 Drive, #207 Jacksonville, FL 32216	self-employed	6/09/93	(1,000.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: engineer	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**
E. H. Pitman, Jr. 101 Century 21 Drive, #207 Jacksonville, FL 32216	self-employed	6/09/93	1,000.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: engineer	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard E. Pittman 76 Marsh Creek Rd. Fernandina Beach, FL 32034	self-employed	5/10/93	670.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 670.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carlos Planas 8250 S.W. 8th Street Miami, FL 33144	Tamiami Automotive	1/12/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrie Pitcher Platt 572 S. Osceola Avenue Orlando, FL 32801	Tupperware	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: director-ext. affairs	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald L. Platt 34 Windy Way Front Royal, VA 22630	information requested	6/04/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles W. Poe 4601 San Miguel Tampa, FL 33609	information requested	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Merrell L. Poole 4925 Glade Hill Street Jacksonville, FL 32207	Poole & Assoc., Inc.	4/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: mfgr. rep.	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. D. Pope, Jr. P. O. Box 2029 Winter Haven, FL 33883	self-employed	5/05/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments	Aggregate Year-to-Date > $ 660.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. D. Pope, Jr. P. O. Box 2029 Winter Haven, FL 33883	self-employed	5/10/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments	Aggregate Year-to-Date > $ 660.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. D. Pope, Jr. P. O. Box 2029 Winter Haven, FL 33883	self-employed	6/03/93	(650.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments	Aggregate Year-to-Date > $ 660.00	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. D. Pope, Jr. P. O. Box 2029 Winter Haven, FL 33883 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	self-employed investments Aggregate Year-to-Date > $ 660.00	6/03/93	650.00 redesignated
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. D. Pope, Jr. P. O. Box 2029 Winter Haven, FL 33883 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	self-employed investments Aggregate Year-to-Date > $ 660.00	6/22/93	10.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel B. Pope, M.D. 316 77th Street, N.W. Bradenton, FL 34209 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 500.00	5/18/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel B. Pope, M.D. 316 77th Street, N.W. Bradenton, FL 34209 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 500.00	6/15/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel B. Pope, M.D. 316 77th Street, N.W. Bradenton, FL 34209 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 500.00	6/15/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Virginia B. Post 517 Teirra Mar Lane, W. Naples, FL 33963 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	n/a retired Aggregate Year-to-Date > $ 250.00	1/11/93	50.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Virginia B. Post 517 Teirra Mar Lane, W. Naples, FL 33963 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	n/a retired Aggregate Year-to-Date > $ 250.00	5/26/93	200.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	
B. Full Name, Mailing Address and ZIP Code Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	6/03/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	
C. Full Name, Mailing Address and ZIP Code Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	6/03/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	
D. Full Name, Mailing Address and ZIP Code Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	6/07/93	(600.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 400.00	
E. Full Name, Mailing Address and ZIP Code Margaret C. Powell 2985 Forest Circle Jacksonville, FL 32217	information requested	6/07/93	600.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 600.00	
F. Full Name, Mailing Address and ZIP Code Gillis E. Powell 701 John Sims Parkway Niceville, FL 32578	Powell,Powell&Powell	2/25/93	335.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 665.00	
G. Full Name, Mailing Address and ZIP Code Gillis E. Powell 701 John Sims Parkway Niceville, FL 32578	Powell,Powell&Powell	6/10/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 665.00	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Gillis E. Powell 701 John Sims Parkway Niceville, FL 32578 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Powell,Powell&Powell Occupation attorney Aggregate Year-to-Date > $ 665.00	Date (month, day, year) 6/23/93	Amount of Each Receipt this Period (330.00) redesignated
B. Full Name, Mailing Address and ZIP Code Gillis E. Powell 701 John Sims Parkway Niceville, FL 32578 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Powell,Powell&Powell Occupation attorney Aggregate Year-to-Date > $ 665.00	Date (month, day, year) 6/23/93	Amount of Each Receipt this Period 330.00 redesignated
C. Full Name, Mailing Address and ZIP Code Helen Kay Powell 4986 S.W. Seventh Avenue Ocala, FL 34474 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Margaret C. Powell 2985 Forest Circle Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period (100.00) redesignated
E. Full Name, Mailing Address and ZIP Code Margaret C. Powell 2985 Forest Circle Jacksonville, FL 32217 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 100.00 redesignated
F. Full Name, Mailing Address and ZIP Code Warren P. Powers 4949 Mariners Point Drive Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Assoc. Unit Co. Occupation executive Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 4/26/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Warren P. Powers 4949 Mariners Point Drive Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Assoc. Unit Co. Occupation executive Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 5/18/93	Amount of Each Receipt this Period (950.00) redesignated

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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
Warren P. Powers 4949 Mariners Point Drive Jacksonville, FL 32207	Assoc. Unit Co.	5/18/93	950.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 950.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Allen Preston 3805 Cardenal Avenue Ruskin, FL 33573	Sunco Title Ins.	4/26/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: businessman	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Johanna Y. Pruitt 313 Magnolia Drive Clearwater, FL 34616	n/a	3/02/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence P. Puckett, Jr. 20201 N.E. 25th Miami, FL 33180	Prestressed System	4/02/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 250.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank D. Puissegur 2154 Groveglen Lane South Lakeland, FL 33813	Brokaw & Puisseger	5/17/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: C.P.A.	Aggregate Year-to-Date > $ 250.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137	self-employed	3/11/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137	self-employed	4/10/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200706666

A. Full Name, Mailing Address and ZIP Code Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: self-employed Occupation: physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 4/10/93	Amount of Each Receipt this Period: 500.00 redesignated
B. Full Name, Mailing Address and ZIP Code Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: self-employed Occupation: physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 4/28/93	Amount of Each Receipt this Period: (500.00) reattributed
C. Full Name, Mailing Address and ZIP Code Nancy Pullen 4444 Island Road Miami, FL 33137 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: self-employed Occupation: book store proprietor Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 4/28/93	Amount of Each Receipt this Period: 500.00 reattributed
D. Full Name, Mailing Address and ZIP Code Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: self-employed Occupation: physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 5/24/93	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and ZIP Code Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: self-employed Occupation: physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 6/11/93	Amount of Each Receipt this Period: (500.00) reattributed
F. Full Name, Mailing Address and ZIP Code Nancy Pullen 4444 Island Road Miami, FL 33137 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: self-employed Occupation: book store proprietor Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 6/11/93	Amount of Each Receipt this Period: 500.00 reattributed
G. Full Name, Mailing Address and ZIP Code William A. Pullum 9494 Navarre Pkwy. Navarre, FL 32566 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Pullum Realty Occupation: realtor Aggregate Year-to-Date > $ 400.00	Date (month, day, year): 3/09/93	Amount of Each Receipt this Period: 400.00

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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
William A. Pullum 9494 Navarre Pkwy. Navarre, FL 32566	Pullum Realty	5/03/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: realtor	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**
William A. Pullum 9494 Navarre Pkwy. Navarre, FL 32566	Pullum Realty	5/03/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: realtor	Aggregate Year-to-Date > $ 400.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503	self-employed	3/17/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 400.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503	self-employed	4/14/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 400.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Bradford Pyle, M.D. 4531 N. Davis Highway, Bldg. 2 Pensacola, FL 32503	self-employed	4/14/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 400.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger W. Pynn 332 Ashford Court Heathrow, FL 32746	information requested	6/17/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John H. Quinn P. O. Box 941539 Maitland, FL 32794	self-employed	5/03/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation:	Aggregate Year-to-Date > $ 1,000.00	

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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
Maynard Rabinowitz 5810 Bridleway Circle Boca Raton, FL 33496	Enquirer/Star Group	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: publishing Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Quen Rahal P. O. Box 700 Marianna, FL 32446	Rahal Chevrolet	2/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nelson Ramiz 8225 Los Pinos Circle Coral Gables, FL 33143	information requested	3/15/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George A. Ramonas 414 3rd Street, S.E. Washington, D.C. 20003 conduited	information requested	3/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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
conduited through: Natl. Republican Senatorial Comm. 440 First St., N.W., Suite 600 Washington, DC 20001			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Teresita Ramos 7890 S.W. 76th Terrace Miami, FL 33143	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert K. Ramsey, M.D. 2304 Woodley Avenue Lakeland, FL 33803	self-employed	5/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 250.00		

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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
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	2/03/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	3/08/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	3/08/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	3/16/93	350.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	4/27/93	(350.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Rasmussen P. O. Box 3333 Tampa, FL 33601	Glenn, Rasmussen etal	4/27/93	350.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	680.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William D. Ray, Jr. P. O. Box 1400 Longwood, FL 32750	Baird-Ray Nissan	3/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: car dealer	Aggregate Year-to-Date > $	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mark F. Raymond 201 S. Biscayne Blvd., 26th Floor Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tew & Garcia-Pedrosa Occupation attorney Aggregate Year-to-Date > $ 500.00	3/15/93	500.00
B. Full Name, Mailing Address and ZIP Code Chas G. Rebozo 524 Fernwood Road Key Biscayne, FL 33149 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Key Land Co. Occupation information requested Aggregate Year-to-Date > $ 500.00	3/15/93	500.00
C. Full Name, Mailing Address and ZIP Code Chas G. Rebozo 524 Fernwood Road Key Biscayne, FL 33149 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Key Land Co. Occupation information requested Aggregate Year-to-Date > $ 500.00	4/26/93	(200.00) redesignated
D. Full Name, Mailing Address and ZIP Code Chas G. Rebozo 524 Fernwood Road Key Biscayne, FL 33149 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Key Land Co. Occupation information requested Aggregate Year-to-Date > $ 500.00	4/26/93	200.00 redesignated
E. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Reeves Motorcars Occupation car dealer Aggregate Year-to-Date > $ 500.00	1/20/93	250.00
F. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Reeves Motorcars Occupation car dealer Aggregate Year-to-Date > $ 500.00	3/05/93	(250.00) redesignated
G. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Reeves Motorcars Occupation car dealer Aggregate Year-to-Date > $ 500.00	3/05/93	250.00 redesignated

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Reeves Motorcars Occupation car dealer Aggregate Year-to-Date > $ 500.00	3/18/93	100.00
B. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Reeves Motorcars Occupation car dealer Aggregate Year-to-Date > $ 500.00	5/12/93	250.00
C. Full Name, Mailing Address and ZIP Code Mikell Reid, M.D. 220 N. Westmonte Drive, Suite C Altamonte Springs, FL 32714 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 250.00	6/28/93	250.00
D. Full Name, Mailing Address and ZIP Code Charles R. Resnick information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	6/28/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Charles H. Reynolds 6101 Dartmoor Court Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	4/01/93	1,000.00
F. Full Name, Mailing Address and ZIP Code Charles H. Reynolds 6101 Dartmoor Court Orlando, FL 32819 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	5/05/93	500.00
G. Full Name, Mailing Address and ZIP Code Charles H. Reynolds 6101 Dartmoor Court Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 1,500.00	5/17/93	(500.00) redesignated

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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 H. Reynolds 6101 Dartmoor Court Orlando, FL 32819	n/a	5/17/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William H. Reynolds, Jr. 433 Keenan Ave. Ft. Myers, FL 33901	self-employed	6/14/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William H. Reynolds, Jr. 433 Keenan Ave. Ft. Myers, FL 33901	self-employed	6/23/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William H. Reynolds, Jr. 433 Keenan Ave. Ft. Myers, FL 33901	self-employed	6/23/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: real estate	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469	n/a	2/26/93	150.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 800.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469	n/a	5/17/93	150.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 800.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469	n/a	6/23/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 800.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 7/06/93	Amount of Each Receipt this Period (225.00) redesignated
B. Full Name, Mailing Address and ZIP Code Beatrice N. Richards 243 Ocean Drive Jupiter, FL 33469 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 800.00	Date (month, day, year) 7/06/93	Amount of Each Receipt this Period 225.00 redesignated
C. Full Name, Mailing Address and ZIP Code Michael Richardson 10551 Sailaway Lane Orlando, FL 32825 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Host International Occupation general manager Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/02/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Frank J. Rief, III 3318 Jean Circle Tampa, FL 33629 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/07/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Barbara S. Riester 3407 Falcon Pl. Bradenton, FL 34210 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/26/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Barbara S. Riester 3407 Falcon Pl. Bradenton, FL 34210 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period (600.00) redesignated
G. Full Name, Mailing Address and ZIP Code Barbara S. Riester 3407 Falcon Pl. Bradenton, FL 34210 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/03/93	Amount of Each Receipt this Period 600.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John H. Rietz 10631-A S.E. 113th Place Miami, FL 33176 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	6/18/93	500.00
B. Full Name, Mailing Address and ZIP Code John T. Rietz 14815 Breckness Place Miami Lakes, FL 33016 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Journeys End Resort Occupation: President Aggregate Year-to-Date > $ 500.00	3/15/93	500.00
C. Full Name, Mailing Address and ZIP Code Vincent A. Riggio 418 Belle Isle Belleair Beach, FL 34635 Receipt For: [X] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	6/07/93	250.00
D. Full Name, Mailing Address and ZIP Code Randal L. Ringhaver P. O. Box 45022 Jacksonville, FL 32232 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Ring Power Corp. Occupation: president Aggregate Year-to-Date > $ 1,000.00	4/28/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Randal L. Ringhaver P. O. Box 45022 Jacksonville, FL 32232 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Ring Power Corp. Occupation: president Aggregate Year-to-Date > $ 1,000.00	5/31/93	(700.00) redesignated
F. Full Name, Mailing Address and ZIP Code Randal L. Ringhaver P. O. Box 45022 Jacksonville, FL 32232 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Ring Power Corp. Occupation: president Aggregate Year-to-Date > $ 1,000.00	5/31/93	700.00 redesignated
G. Full Name, Mailing Address and ZIP Code M. E. Rinker 1501 Belvedere Road West Palm Beach, FL 33406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Rinker Materials Corp Occupation: chairman Aggregate Year-to-Date > $ 1,000.00	5/06/93	1,000.00

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200675

A. Full Name, Mailing Address and ZIP Code Ruby Stewart Rinker 310 Okeeckobee Blvd. West Palm Beach, FL 33401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 6/28/93	Amount of Each Receipt this Period: 1,000.00
B. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 2/17/93	Amount of Each Receipt this Period: 330.00
C. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/02/93	Amount of Each Receipt this Period: 350.00
D. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/30/93	Amount of Each Receipt this Period: (330.00) redesignated
E. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 3/30/93	Amount of Each Receipt this Period: 330.00 redesignated
F. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 4/29/93	Amount of Each Receipt this Period: (350.00) redesignated
G. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Risser Oil Corp. Occupation: ceo Aggregate Year-to-Date > $ 680.00	Date (month, day, year): 4/29/93	Amount of Each Receipt this Period: 350.00 redesignated
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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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 committees.

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
Leonard Robbins P. O. Box 229010 Hollywood, FL 33022	Abrams, Anten et al	2/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fred N. Roberts P. O. Box 1930 Ocala, FL 32678	self-employed	3/29/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investments Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norlene E. Roberts Route 1, Box 2900 Palatka, FL 32077	information requested	6/11/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 330.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	1/11/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	1/27/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	2/22/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	3/29/93	35.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		

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

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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
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	5/05/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Willis L. Roberts 2171 Gulf Shore Blvd. N., Apt. 401 Naples, FL 33940	n/a	6/24/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 335.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard M. Robinson 219 Flame Avenue Maitland, FL 32751	Gray, Harris et al	5/06/93	677.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 677.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph D. Robinson, Jr. P. O. Box 300224 Fern Park, FL 32730	Laurel Homes, Inc.	5/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. T. Rocker 50 Pine Forest Drive Haines City, FL 33844	R. S. Insulation Corp	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: contractor Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mario F. Rodriguez 2459 S. Bayshore Drive Miami, FL 33133	self-employed	2/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joe W. Rogers, Jr. P. O. Box 6450 Norcross, GA 30091	Waffle House, Inc.	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president Aggregate Year-to-Date > $ 500.00		

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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 J. Adalberto Roig, Jr. information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code John D. Rood 10351 Sylvan Lane, W. Jacksonville, FL 32257 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Vestcor Properties Occupation president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code John D. Rood 10351 Sylvan Lane, W. Jacksonville, FL 32257 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Vestcor Properties Occupation president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period (1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code John D. Rood 10351 Sylvan Lane, W. Jacksonville, FL 32257 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Vestcor Properties Occupation president Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code Arthur H. Rosenbloom 139 E. 79th Street, Apt. 11 New York, NY 1001 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/16/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Jack Rosenthal 1148 57th Street Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 2/11/93	Amount of Each Receipt this Period 4,000.00
G. Full Name, Mailing Address and ZIP Code Jack Rosenthal 1148 57th Street Brooklyn, NY 11219 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 3/10/93	Amount of Each Receipt this Period (1,000.00) reattributed

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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
Eva Rosenthal 1148 57th Street Brooklyn, NY 11219	information requested	3/10/93	1,000.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Rosenthal 1148 57th Street Brooklyn, NY 11219	information requested	3/10/93	(1,000.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eva Rosenthal 1148 57th Street Brooklyn, NY 11219	information requested	3/10/93	1,000.00 reattributed
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Rosenthal 1148 57th Street Brooklyn, NY 11219	information requested	3/10/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Rosenthal 1148 57th Street Brooklyn, NY 11219	information requested	3/10/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: information requested	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**
Dennis A. Ross 1509 S. Florida Avenue, Suite 3 Lakeland, FL 33803	Ross, Williams, et al	5/05/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald E. Ross 150 N.E. 5th Avenue Boca Raton, FL 33431	Lynn University	1/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ann Huffstetler Rou 2000 Country Club Drive Eustis, FL 32726 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: citrus grower Aggregate Year-to-Date > $ 250.00	3/29/93	250.00
B. Full Name, Mailing Address and ZIP Code Herbert J. Rowe 4601 Gulf Shore Blvd., N., #12 Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	6/18/93	500.00
C. Full Name, Mailing Address and ZIP Code Cleofe Rubi Calle 4, #102 Villamar Carolina, PR Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00
D. Full Name, Mailing Address and ZIP Code John C. Ruckdeschel, M.D. 5804 Bayshore Blvd. Tampa, FL 33611 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Moffit Cancer Center Occupation: physician Aggregate Year-to-Date > $ 500.00	3/23/93	500.00
E. Full Name, Mailing Address and ZIP Code John F. Rudy, II 5011 Shore Crest Circle Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bush, Ross, Gardner Occupation: attorney Aggregate Year-to-Date > $ 1,500.00	2/12/93	500.00
F. Full Name, Mailing Address and ZIP Code John F. Rudy, II 5011 Shore Crest Circle Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bush, Ross, Gardner Occupation: attorney Aggregate Year-to-Date > $ 1,500.00	3/09/93	1,000.00
G. Full Name, Mailing Address and ZIP Code John F. Rudy, II 5011 Shore Crest Circle Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Bush, Ross, Gardner Occupation: attorney Aggregate Year-to-Date > $ 1,500.00	4/12/93	(1,000.00) redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John F. Rudy, II 5011 Shore Crest Circle Tampa, FL 33609 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Bush, Ross, Gardner Occupation attorney Aggregate Year-to-Date > $ 1,500.00	4/12/93	1,000.00 redesignated
B. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Rumberger, Kirk et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	5/14/93	1,000.00
C. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Rumberger, Kirk et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	6/02/93	1,000.00
D. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Rumberger, Kirk et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	6/16/93	(1,000.00) reattributed
E. Full Name, Mailing Address and ZIP Code Mary B. Rumberger 1015 Greentree Drive Winter Park, FL 32789 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 1,000.00 reattributed
F. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Rumberger, Kirk et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	6/16/93	(1,000.00) redesignated
G. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Rumberger, Kirk et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	6/16/93	1,000.00 redesignated

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aptek Technologies / president / $ 450.00	1/25/93	400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aptek Technologies / president / $ 450.00	2/09/93	(400.00) redesignated
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aptek Technologies / president / $ 450.00	2/09/93	400.00 redesignated
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aptek Technologies / president / $ 450.00	4/30/93	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Don Rushing P. O. Box 711 Pensacola, FL 32593 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Fisher Brown, Inc. / insurance / $ 800.00	1/22/93	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Don Rushing P. O. Box 711 Pensacola, FL 32593 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Fisher Brown, Inc. / insurance / $ 800.00	2/08/93	(400.00) redesignated
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Don Rushing P. O. Box 711 Pensacola, FL 32593 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Fisher Brown, Inc. / insurance / $ 800.00	2/08/93	400.00 redesignated

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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
Don Rushing P. O. Box 711 Pensacola, FL 32593	Fisher Brown, Inc.	5/27/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance Aggregate Year-to-Date > $ 800.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Rushing P. O. Box 711 Pensacola, FL 32593	Fisher Brown, Inc.	6/07/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance Aggregate Year-to-Date > $ 800.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Rushing P. O. Box 711 Pensacola, FL 32593	Fisher Brown, Inc.	6/07/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance Aggregate Year-to-Date > $ 800.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Russakis 8801 Indrio Road Ft. Pierce, FL 34951	self-employed	2/01/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: citrus Aggregate Year-to-Date > $ 400.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Russakis 8801 Indrio Road Ft. Pierce, FL 34951	self-employed	3/10/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: citrus Aggregate Year-to-Date > $ 400.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Russakis 8801 Indrio Road Ft. Pierce, FL 34951	self-employed	3/10/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: citrus Aggregate Year-to-Date > $ 400.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Muriel Russell One Palm Bay Court, Apt. 11N Miami, FL 33138	n/a	2/24/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 2,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Muriel Russell One Palm Bay Court, Apt. 11N Miami, FL 33138 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $	3/11/93 2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code Muriel Russell One Palm Bay Court, Apt. 11N Miami, FL 33138 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation none Aggregate Year-to-Date > $	6/01/93 2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: [x] Primary [ ] General [ ] Other (specify):	ICC Occupation executive Aggregate Year-to-Date > $	3/03/93 648.00	500.00
D. Full Name, Mailing Address and ZIP Code Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: [x] Primary [ ] General [ ] Other (specify):	ICC Occupation executive Aggregate Year-to-Date > $	4/11/93 648.00	(352.00) redesignated
E. Full Name, Mailing Address and ZIP Code Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: [ ] Primary [x] General [ ] Other (specify):	ICC Occupation executive Aggregate Year-to-Date > $	4/11/93 648.00	352.00 redesignated
F. Full Name, Mailing Address and ZIP Code Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: [x] Primary [ ] General [ ] Other (specify):	ICC Occupation executive Aggregate Year-to-Date > $	5/13/93 648.00	148.00
G. Full Name, Mailing Address and ZIP Code Jay S. Salby 801 N. Venetian Drive Miami, FL 33139 Receipt For: [x] Primary [ ] General [ ] Other (specify):	ICC Occupation executive Aggregate Year-to-Date > $	6/06/93 648.00	(148.00) redesignated

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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
Jay S. Salby 801 N. Venetian Drive Miami, FL 33139	ICC	6/06/93	148.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: executive	Aggregate Year-to-Date > $ 648.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carlos Salman 7839 S.W. 83rd Court Miami, FL 33143	Terra Properties	1/08/93	450.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: real estate developer	Aggregate Year-to-Date > $ 1,852.58	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carlos Salman 7839 S.W. 83rd Court Miami, FL 33143	Terra Properties	1/08/93	902.58
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: real estate developer	Aggregate Year-to-Date > $ 1,852.58	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carlos Salman 7839 S.W. 83rd Court Miami, FL 33143	Terra Properties	1/12/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: real estate developer	Aggregate Year-to-Date > $ 1,852.58	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Danielle R. Salman 14775 S.W. 81st Street Miami, FL 33193	information requested	1/12/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jose A. Salman 13521 S.W. 62nd St., #4 Miami, FL 33183	information requested	1/12/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217	n/a	3/17/93	558.42
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: housewife	Aggregate Year-to-Date > $ 1,400.00	

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 4/22/93	Amount of Each Receipt this Period 351.71
B. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 5/06/93	Amount of Each Receipt this Period (310.13) redesignated
C. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 310.13 redesignated
D. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 6/22/93	Amount of Each Receipt this Period (489.87) redesignated
F. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 6/22/93	Amount of Each Receipt this Period 489.87 redesignated
G. Full Name, Mailing Address and ZIP Code N. H. Sandifer 6000 San Jose Blvd., #9-A Jacksonville, FL 32217 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Cain and Bultman, Inc Occupation chairman Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 4/22/93	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200706887

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ralph Santa-Cruz 19010 S.W. 188th Street Miami, FL 33187 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Persant Construction Occupation engineer Aggregate Year-to-Date > $ 500.00	5/05/93	500.00
B. Full Name, Mailing Address and ZIP Code Lawrence G. Sapp 621 Lone Palm Drive Lakeland, FL 33801 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 250.00	5/05/93	250.00
C. Full Name, Mailing Address and ZIP Code Michael K. Sapp 50 N. Laura, Suite 3100 Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Brant, Moore, et al Occupation attorney Aggregate Year-to-Date > $ 250.00	5/11/93	250.00
D. Full Name, Mailing Address and ZIP Code Johnson S. Savary 1671 South Drive Sarasota, FL 34239 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dykema Gossett Occupation partner Aggregate Year-to-Date > $ 1,000.00	2/23/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Johnson S. Savary 1671 South Drive Sarasota, FL 34239 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Dykema Gossett Occupation partner Aggregate Year-to-Date > $ 1,000.00	3/06/93	(1,000.00) redesignated
F. Full Name, Mailing Address and ZIP Code Johnson S. Savary 1671 South Drive Sarasota, FL 34239 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Dykema Gossett Occupation partner Aggregate Year-to-Date > $ 1,000.00	3/06/93	1,000.00 redesignated
G. Full Name, Mailing Address and ZIP Code J. Charles Sawyer 7916 Quailwood Drive Jacksonville, FL 32256 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Computer Energy, Inc. Occupation president Aggregate Year-to-Date > $ 800.00	4/28/93	1,000.00

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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
J. Charles Sawyer 7916 Quailwood Drive Jacksonville, FL 32256	Computer Energy, Inc. Occupation: president	6/01/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 800.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Charles Sawyer 7916 Quailwood Drive Jacksonville, FL 32256	Computer Energy, Inc. Occupation: president	6/01/93	(200.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 800.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joanne S. Sawyer 7916 Quailwood Drive Jacksonville, FL 32256	information requested Occupation: information requested	6/01/93	200.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Charles Sawyer 7916 Quailwood Drive Jacksonville, FL 32256	Computer Energy, Inc. Occupation: president	6/01/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $ 800.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry M. Sawyer, Jr. P. O. Box 32092 Lakeland, FL 33802	Holland and Knight Occupation: attorney	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Henry Sayler 220 Rafael Blvd. St. Petersburg, FL 33704	self-employed Occupation: investor	3/22/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 330.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Henry Sayler 220 Rafael Blvd. St. Petersburg, FL 33704	self-employed Occupation: investor	4/12/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 330.00		

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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
Henry Sayler 220 Rafael Blvd. St. Petersburg, FL 33704	self-employed	4/12/93	330.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: investor	Aggregate Year-to-Date > $ 330.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Schaecter P. O. Box 4863 Hialeah, FL 33014	information requested	2/24/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: window parts mfg.	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**
Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Schenck Co.	4/07/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 500.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Schenck Co.	5/10/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Schenck Co.	5/10/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William E. Scheu 4333 Venetia Blvd. Jacksonville, FL 32210	Ulmer, Murchinson	6/10/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerold L. Schiebler, M.D. 2115 N.W. 15th Avenue Gainesville, FL 32605	Univ. of Florida	2/22/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 300.00	

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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
Gerold L. Schiebler, M.D. 2115 N.W. 15th Avenue Gainesville, FL 32605	Univ. of Florida	5/06/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 300.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerold L. Schiebler, M.D. 2115 N.W. 15th Avenue Gainesville, FL 32605	Univ. of Florida	6/21/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. Schmitt 694 Regatta Ct. Naples, FL 33940	self-employed	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: jeweler Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne Schoenbaum 4911 Madison Street Hollywood, FL 33021	information requested	2/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. Schroeder 89 N.E. 59th Terrace Ocala, FL 34470	Paine Webber	6/03/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: stockbroker Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise E. Schultz 9650 S.W. 63rd Court Miami, FL 33156	information requested	6/09/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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
James G. Schwade, M.D. 1475 N.W. 12th Avenue Miami, FL 33135	self-employed	2/24/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 1,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Iris J. Schwartz 19555 N.E. 37th Avenue Aventura, FL 33180	information requested	6/17/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	1,000.00
B. Full Name, Mailing Address and ZIP Code Jeffrey H. Schwartz Post Office Box 23943 Tampa, FL 33623	information requested	6/07/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $	250.00
C. Full Name, Mailing Address and ZIP Code Fred H. Schwarze 23053 Westchester Blvd., Apt. L203 Port Charlotte, FL 33980	n/a	4/02/93	50.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
D. Full Name, Mailing Address and ZIP Code Fred H. Schwarze 23053 Westchester Blvd., Apt. L203 Port Charlotte, FL 33980	n/a	5/05/93	75.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
E. Full Name, Mailing Address and ZIP Code Fred H. Schwarze 23053 Westchester Blvd., Apt. L203 Port Charlotte, FL 33980	n/a	6/21/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	225.00
F. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	1/13/93	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
G. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	2/05/93	(10.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period 10.00 redesignated
B. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 2/22/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period (100.00) redesignated
D. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 3/08/93	Amount of Each Receipt this Period 100.00 redesignated
E. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 3/29/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period (100.00) redesignated
G. Full Name, Mailing Address and ZIP Code Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 950.00	Date (month, day, year) 4/10/93	Amount of Each Receipt this Period 100.00 redesignated

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	4/27/93	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	5/05/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/04/93	(250.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/04/93	250.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/09/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/15/93	(100.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/15/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	950.00

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/15/93	100.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 950.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/28/93	(100.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 950.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Miles B. Scofield 3584 Exchange Avenue Naples, FL 33942	n/a	6/28/93	100.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 950.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kirk A. Scoggins 1901 Brookline Avenue Tampa, FL 33629	TeamStaff Companies	6/07/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack L. Scott 1725 Memorial Park Drive Jacksonville, FL 32204	Scott-McRae Auto.	5/06/93	750.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: auto dealer	Aggregate Year-to-Date > $ 750.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Seckinger, M.D. 5215 S.W. 92nd Street Miami, FL 33156	self-employed	3/10/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Melvin M. Seek 4565 S.W. Seventh Avenue Ocala, FL 34474	self-employed	6/03/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 500.00	

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Segur 703 Nathan Hale Drive Naples, FL 33963	n/a	2/08/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	1,100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret Segur 703 Nathan Hale Drive Naples, FL 33963	n/a	3/30/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	1,100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret Segur 703 Nathan Hale Drive Naples, FL 33963	n/a	4/09/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	1,100.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Margaret Segur 703 Nathan Hale Drive Naples, FL 33963	n/a	4/09/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $	1,100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David M. Seldin information requested	information requested	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 34647	n/a	6/21/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 34647	n/a	6/29/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $	500.00

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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
Elizabeth M. Sembler 8698 Maidstone Court Largo, FL 34647	n/a	6/29/93	400.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Melvin F. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706	The Sembler Co.	4/14/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: developer	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**
Melvin F. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706	The Sembler Co.	6/07/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: developer	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**
Melvin F. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706	The Sembler Co.	6/15/93	(500.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: developer	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**
Melvin F. Sembler 10324 Paradise Blvd. Treasure Island, FL 33706	The Sembler Co.	6/15/93	500.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: developer	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nuevo Senado information requested	information requested	6/29/93	400.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 400.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	2/09/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $ 750.00	

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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
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	3/09/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date $	750.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	3/09/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date $	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	5/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date $	750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	6/15/93	(250.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date $	750.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Paul Senft 1910 Peninsular Drive Haines City, FL 33844	Dan Townsend Ins Agcy	6/15/93	250.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date $	750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Q. Shannon, Jr. 3825 Sabal Lakes Rd. Delray Beach, FL 33445	Executive Group, Inc.	2/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: broadcasting	Aggregate Year-to-Date $	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip J. Shapiro 18 Old Wheatley Road Brookville, NY 11545	information requested	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date $	1,000.00

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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
Sandra Warren Sharron 3304 N.W. 136th Street Gainesville, FL 32606	information requested	3/01/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 330.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald G. Shashy 3040 S.W. 53rd Street Ocala, FL 32674	Dean Witter	3/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: stockbroker Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beth J. Shaughnessy 1371 Bayport Avenue Marco Island, FL 33937	self-employed	2/03/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: realtor 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**
Beth J. Shaughnessy 1371 Bayport Avenue Marco Island, FL 33937	self-employed	3/14/93	(302.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: realtor 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**
Beth J. Shaughnessy 1371 Bayport Avenue Marco Island, FL 33937	self-employed	3/14/93	302.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: realtor Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Howard Shaw P. O. Box 3823 Jacksonville, FL 32206	So. Belle Frozen Food	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president 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**
Mrs. John R. Shaw 821 Virginia Street Jacksonville, FL 32208	So. Belle Frozen Food	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200706999

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mrs. John R. Shaw 821 Virginia Street Jacksonville, FL 32208 Receipt For: [x] Primary [ ] General [ ] Other (specify):	So. Belle Frozen Food Occupation: chairman Aggregate Year-to-Date > $ 500.00	6/17/93	(500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Mrs. John R. Shaw 821 Virginia Street Jacksonville, FL 32208 Receipt For: [ ] Primary [x] General [ ] Other (specify):	So. Belle Frozen Food Occupation: chairman Aggregate Year-to-Date > $ 500.00	6/17/93	500.00 redesignated
C. Full Name, Mailing Address and ZIP Code John R. Shaw, Jr. P. O. Box 3823 Jacksonville, FL 32206 Receipt For: [x] Primary [ ] General [ ] Other (specify):	So. Bell Frozen Foods Occupation: owner Aggregate Year-to-Date > $ 1,000.00	5/11/93	1,000.00
D. Full Name, Mailing Address and ZIP Code John R. Shaw, Jr. P. O. Box 3823 Jacksonville, FL 32206 Receipt For: [x] Primary [ ] General [ ] Other (specify):	So. Bell Frozen Foods Occupation: owner Aggregate Year-to-Date > $ 1,000.00	6/06/93	(250.00) redesignated
E. Full Name, Mailing Address and ZIP Code John R. Shaw, Jr. P. O. Box 3823 Jacksonville, FL 32206 Receipt For: [ ] Primary [x] General [ ] Other (specify):	So. Bell Frozen Foods Occupation: owner Aggregate Year-to-Date > $ 1,000.00	6/06/93	250.00 redesignated
F. Full Name, Mailing Address and ZIP Code Rodger D. Shay 105 Arvida Parkway Coral Gables, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: investment advisor Aggregate Year-to-Date > $ 1,900.00	1/13/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Rodger D. Shay 105 Arvida Parkway Coral Gables, FL 33156 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: investment advisor Aggregate Year-to-Date > $ 1,900.00	2/03/93	(100.00) redesignated

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rodger D. Shay 105 Arvida Parkway Coral Gables, FL 33156 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation investment advisor Aggregate Year-to-Date > $ 1,900.00	Date (month, day, year) 2/03/93	Amount of Each Receipt this Period 100.00 redesignated
B. Full Name, Mailing Address and ZIP Code Rodger D. Shay 105 Arvida Parkway Coral Gables, FL 33156 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer self-employed Occupation investment advisor Aggregate Year-to-Date > $ 1,900.00	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 900.00
C. Full Name, Mailing Address and ZIP Code Eulice E. Shelley P. O. Box 2317 Ft. Walton Beach, FL 32549 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer A & A Trans & Storage Occupation moving and storage Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/01/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Kathleen B. Sherwin 4303 Cutlass Lane Naples, FL 33940 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Paul J. Shields 2461 Rolac ROad Jacksonville, FL 32207 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Copytronics, Inc. Occupation executive Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code John B. Shiffert 650 E. 27th St. Jacksonville, FL 32206 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Joseph B. Shiffert P. O. Box 3935 Jacksonville, FL 32206 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer North Fla. Shipyard Occupation president Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 3/01/93	Amount of Each Receipt this Period 300.00

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9302007700

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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
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	2/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	3/09/93	(450.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	3/09/93	450.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	5/05/93	550.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	6/16/93	(550.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207	n/a	6/16/93	550.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,050.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert F. Shuck 7991 11th Avenue, South St. Petersburg, FL 33707	Raymond James & Asso.	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: vice-president	Aggregate Year-to-Date > $ 250.00	

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9302007701

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200702

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 475.00	2/02/93	500.00
B. Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 475.00	2/18/93	525.00
C. Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 475.00	3/07/93	(475.00) redesignated
D. Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 475.00	3/07/93	(25.00) reattributed
E. Mary Kay Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $ 25.00	3/07/93	25.00 reattributed
F. Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date > $ 475.00	3/07/93	475.00 redesignated
G. Louis R. Sigel, Jr. 2119 S.W. Mayflower Drive Palm City, FL 34990 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: broker Aggregate Year-to-Date > $ 350.00	1/13/93	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Louis R. Sigel, Jr. 2119 S.W. Mayflower Drive Palm City, FL 34990 $50 refund 7/23/93 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed Occupation broker Aggregate Year-to-Date > $ 350.00	6/25/93	100.00
B. Full Name, Mailing Address and ZIP Code Diane Silberhorn 11878 Fawn Ridge Lane Reston, VA 22074 Receipt For: [X] Primary [ ] General [ ] Other (specify):	information requested Occupation teacher Aggregate Year-to-Date > $ 400.00	2/26/93	400.00
C. Full Name, Mailing Address and ZIP Code Diane Silberhorn 11878 Fawn Ridge Lane Reston, VA 22074 Receipt For: [X] Primary [ ] General [ ] Other (specify):	information requested Occupation teacher Aggregate Year-to-Date > $ 400.00	3/30/93	(200.00) redesignated
D. Full Name, Mailing Address and ZIP Code Diane Silberhorn 11878 Fawn Ridge Lane Reston, VA 22074 Receipt For: [ ] Primary [X] General [ ] Other (specify):	information requested Occupation teacher Aggregate Year-to-Date > $ 400.00	3/30/93	200.00 redesignated
E. Full Name, Mailing Address and ZIP Code Barry J. Silverman 2050 N.E. 163rd Street N. Miami Beach, FL 33162 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Orthopaedic Care Occupation physician Aggregate Year-to-Date > $ 1,000.00	5/20/93	1,000.00
F. Full Name, Mailing Address and ZIP Code Archie Leon Simmons P. O. Box 708 Richardson, TX 75080 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed Occupation consultant Aggregate Year-to-Date > $ 250.00	1/11/93	100.00
G. Full Name, Mailing Address and ZIP Code Archie Leon Simmons P. O. Box 708 Richardson, TX 75080 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed Occupation consultant Aggregate Year-to-Date > $ 250.00	3/04/93	100.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Archie Leon Simmons P. O. Box 708 Richardson, TX 75080 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: self-employed Occupation: consultant Aggregate Year-to-Date > $ 250.00	6/14/93	50.00
B. Full Name, Mailing Address and ZIP Code Sandra Simon 1550 N.E. Quayside Terrace Miami, FL 33138 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: housewife Aggregate Year-to-Date > $ 1,000.00	2/24/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Bryan Simpson, Jr. 1061 Riverside Avenue, 2nd, Floor Jacksonville, FL 32204 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: self-employed Occupation: investor Aggregate Year-to-Date > $ 1,000.00	5/11/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Bill J. Sims 1113 Salerno Court Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Florida Leisure Occupation: president Aggregate Year-to-Date > $ 500.00	6/03/93	500.00
E. Full Name, Mailing Address and ZIP Code Roy J. Siragusa, M.D. 28 Winding Creekway Ormond Beach, FL 32174 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Radiology Associates Occupation: physician Aggregate Year-to-Date > $ 300.00	3/11/93	100.00
F. Full Name, Mailing Address and ZIP Code Roy J. Siragusa, M.D. 28 Winding Creekway Ormond Beach, FL 32174 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Radiology Associates Occupation: physician Aggregate Year-to-Date > $ 300.00	5/13/93	200.00
G. Full Name, Mailing Address and ZIP Code Sherry A. Simmons 4226 30th Avenue, N. St. Petersburg, FL 33713 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: information requested Occupation: information requested Aggregate Year-to-Date > $ 250.00	5/24/93	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200705

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Jay Skelton 4620 Ortega Forest Drive Jacksonville, FL 32210	D.D.I., Inc.	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	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**
Bryant B. Skinner 6800 Southpoint Pkwy., #400 Jacksonville, FL 32216	Bryant Skinner Co.	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	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**
Arthur C. Skinner, Jr. 6803 Kings Rd. Jacksonville, FL 32205	self-employed	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: farmer	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**
Paul J. Skipper P. O. Box 67128 St. Petersburg Beach, FL 33736	self-employed	6/03/93	680.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $	680.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul J. Skipper P. O. Box 67128 St. Petersburg Beach, FL 33736	self-employed	6/19/93	(680.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $	680.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul J. Skipper P. O. Box 67128 St. Petersburg Beach, FL 33736	self-employed	6/19/93	680.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: developer	Aggregate Year-to-Date > $	680.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Edward Sliney 2000 Glades Rd., Suite 400 Boca Raton, FL 33431	Dilworth Paxson et al	1/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $	500.00

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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
Cheryl E. Sloat 1189-5 N.W. 13th Street Boca Raton, FL 33486	self-employed	1/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: legal assistant 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**
Rudy E. Small 6607 Ridgewood Dr. Naples, FL 33963	n/a	2/08/93	100.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 900.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rudy E. Small 6607 Ridgewood Dr. Naples, FL 33963	n/a	5/07/93	900.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 900.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert W. Smartt 3017 Alhambra Circle Coral Gables, FL 33134	information requested	6/14/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Annie Hogan Smith 515 Laurel Lane Lakeland, FL 33813	n/a	5/19/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beth L. Smith 1525 Bayshore Lane Pensacola, FL 32507	n/a	3/01/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beth L. Smith 1525 Bayshore Lane Pensacola, FL 32507	n/a	5/14/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 250.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200707

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Chesterfield Smith 1200 Brickell Avenue, 14th Floor Miami, FL 33131 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Holland & Knight Occupation attorney Aggregate Year-to-Date > $ 500.00	5/17/93	500.00
B. Full Name, Mailing Address and ZIP Code Emily B. Smith 2767 Forest Circle Jacksonville, FL 32257 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	n/a Occupation homemaker Aggregate Year-to-Date > $ 1,000.00	5/11/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Emily B. Smith 2767 Forest Circle Jacksonville, FL 32257 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	n/a Occupation homemaker Aggregate Year-to-Date > $ 1,000.00	6/07/93	(1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Emily B. Smith 2767 Forest Circle Jacksonville, FL 32257 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	n/a Occupation homemaker Aggregate Year-to-Date > $ 1,000.00	6/07/93	1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code Greg T. Smith 669 Saranac Drive Winter Springs, FL 32708 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Greiner, Inc. Occupation vice-president Aggregate Year-to-Date > $ 500.00	6/02/93	500.00
F. Full Name, Mailing Address and ZIP Code Harry B. Smith 701 Brickell Avenue, Suite 1900 Miami, FL 33131 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Ruden, Barnett et al Occupation attorney Aggregate Year-to-Date > $ 1,000.00	2/22/93	1,057.61
G. Full Name, Mailing Address and ZIP Code Kevin Smith 8940 S.W. 112th Street Miami, FL 33176 $1000 refund 7/23/93 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 2,000.00	6/09/93	2,000.00
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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
Kimberly Kyle Smith 8940 S.W. 112th Street Miami, FL 33176 $1000 refund 7/23/93 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested	6/09/93 Aggregate Year-to-Date $	2,000.00 2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Layton F. Smith 621-C Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation	5/11/93 Aggregate Year-to-Date $	1,000.00 1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Warren H. Smith 9 Casa Loma Way Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation architect	5/12/93 Aggregate Year-to-Date $	250.00 250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bill T. Smith, Jr. 850 Via Cabana Boca Raton, FL 33432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Smith & Lenstein Occupation attorney	1/28/93 Aggregate Year-to-Date $	250.00 250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald L. Smith, Jr. 1350 E. Newport Center Dr., #201 Deerfield Beach, FL 33443 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested	5/20/93 Aggregate Year-to-Date $	1,000.00 1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
L. Garry Smith, Jr. 10012 N. Dale Mabry, Suite 112 Tampa, FL 33618 Receipt For: [x] Primary [ ] General [ ] Other (specify):	L. Garry Smith & Asso Occupation management consultant	6/01/93 Aggregate Year-to-Date $	500.00 500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H. M. Snow, Jr. 1142 Harbour Island Road Orlando, FL 32809 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Acc. Surety & Cas. Co Occupation president	2/03/93 Aggregate Year-to-Date $	330.00 260.00

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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
H. M. Snow, Jr. 1142 Harbour Island Road Orlando, FL 32809	Acc. Surety & Cas. Co	3/09/93	(260.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 260.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Snow, Jr. 1142 Harbour Island Road Orlando, FL 32809	Acc. Surety & Cas. Co	3/09/93	260.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 260.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen F. Snyder P. O. Box 1525 Boca Raton, FL 33429	The Aragon Group	1/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: services	Aggregate Year-to-Date > $ 250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134	n/a	1/14/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134	n/a	2/09/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134	n/a	2/09/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134	n/a	2/24/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	

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930200709

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 3/08/93	Amount of Each Receipt this Period: (100.00) redesignated
B. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 3/08/93	Amount of Each Receipt this Period: 100.00 redesignated
C. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 4/12/93	Amount of Each Receipt this Period: 100.00
D. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 5/12/93	Amount of Each Receipt this Period: 550.00
E. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 5/27/93	Amount of Each Receipt this Period: (100.00) redesignated
F. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 5/27/93	Amount of Each Receipt this Period: 100.00 redesignated
G. Full Name, Mailing Address and ZIP Code Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: n/a Occupation: retired Aggregate Year-to-Date > $ 850.00	Date (month, day, year): 6/07/93	Amount of Each Receipt this Period: (550.00) 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hy Solomon 2813 Sungold Drive Las Vegas, NV 89134	n/a	6/07/93	550.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Soran 403 Meadowlark Drive Sarasota, FL 34236	Uniroyal Technology	2/16/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Spanogle 4055 S.E. Eighth Street Ocala, FL 32671	n/a	3/15/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Spanogle 4055 S.E. Eighth Street Ocala, FL 32671	n/a	5/06/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Spanogle 4055 S.E. Eighth Street Ocala, FL 32671	n/a	6/18/93	25.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J. Spencer 43 N. Pine Circle Belleair, FL 34616	information requested	6/07/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justine S. Sprenger 6221 De Soto Memorial Hwy., N.W. Bradenton, FL 34209	n/a	4/16/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: homemaker	Aggregate Year-to-Date > $ 500.00	

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

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9302007111

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200707 12

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justine S. Sprenger 6221 De Soto Memorial Hwy., N.W. Bradenton, FL 34209	n/a	6/09/93	(125.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: homemaker Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justine S. Sprenger 6221 De Soto Memorial Hwy., N.W. Bradenton, FL 34209	n/a	6/09/93	125.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: homemaker Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome H. Stanek 126 Moorings Park Dr. Naples, FL 33942	n/a	1/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisette M. Stanish 11817 S.W. 93rd Terrace Miami, FL 33186	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	n/a	2/09/93	250.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 750.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	n/a	2/24/93	750.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 750.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	n/a	3/09/93	(750.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 750.00		

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TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	n/a	3/09/93	750.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	750.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert A. Steele 2000 S. Ocean Drive, PH 2 Ft. Lauderdale, FL 33316	n/a	5/20/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	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**
Robert A. Steele 2000 S. Ocean Drive, PH 2 Ft. Lauderdale, FL 33316	n/a	6/04/93	(1,000.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	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**
Robert A. Steele 2000 S. Ocean Drive, PH 2 Ft. Lauderdale, FL 33316	n/a	6/04/93	1,000.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	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**
Robert L. Stein 3903 Ortega Blvd. Jacksonville, FL 32210	Atlantic Mortgage	4/26/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	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**
Robert L. Stein 3903 Ortega Blvd. Jacksonville, FL 32210	Atlantic Mortgage	6/15/93	(1,000.00) reattributed
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: president	Aggregate Year-to-Date > $	0.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mary C. Stein 3903 Ortega Blvd. Jacksonville, FL 32210	information requested	6/15/93	1,000.00 reattributed
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	1,000.00

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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
Shoshannah Stein 1745 52nd Street Brooklyn, NY 11204	information requested	2/11/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	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**
J. H. Stelling 216 Summerwood Trail Maitland, FL 32751	self-employed	6/02/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance services	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	1/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 1,150.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	2/24/93	(350.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 1,150.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	2/24/93	350.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 1,150.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	4/30/93	650.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 1,150.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	5/11/93	(650.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician	Aggregate Year-to-Date > $ 1,150.00	

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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
Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	5/11/93	650.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: physician	Aggregate Year-to-Date > $	1,150.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward B. Stephens 2600 N.E. 40th Street Ft. Lauderdale, FL 33308	Stephens Distributors	3/09/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: beer distributor	Aggregate Year-to-Date > $	250.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip M. Stephenson P. O. Box 321 Winter Park, FL 32790	n/a	1/19/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	450.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip M. Stephenson P. O. Box 321 Winter Park, FL 32790	n/a	4/05/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	450.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip M. Stephenson P. O. Box 321 Winter Park, FL 32790	n/a	5/26/93	100.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	450.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip M. Stephenson P. O. Box 321 Winter Park, FL 32790	n/a	6/07/93	(50.00) redesignated
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	450.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip M. Stephenson P. O. Box 321 Winter Park, FL 32790	n/a	6/07/93	50.00 redesignated
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	450.00

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9302007-15

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Glenn Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	1/22/93 1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code Glenn Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	1/25/93 1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code Glenn Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	2/08/93 1,000.00	(1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Glenn Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [ ] Primary [X] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	2/08/93 1,000.00	1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code Lavina J. Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	1/22/93 500.00	1,000.00
F. Full Name, Mailing Address and ZIP Code Lavina J. Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	1/25/93 500.00	1,000.00
G. Full Name, Mailing Address and ZIP Code Lavina J. Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [X] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $	2/08/93 500.00	(500.00) redesignated

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lavina J. Stinson 13387 Rosewood Lane Naples, FL 33999 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date $	2/08/93 500.00	500.00 redesignated
B. R. Travis Storey 3967 Chicora Wood Place Jacksonville, FL 32216 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Arthur Andersen & Co. Occupation: C.P.A. Aggregate Year-to-Date $	5/17/93 800.00	800.00
C. William E. Story, M.D. information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: physician Aggregate Year-to-Date $	6/29/93 250.00	250.00
D. Patrice S. Stowe 1180 Park Avenue, North Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $	6/28/93 250.00	250.00
E. Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $	3/08/93 330.00	330.00
F. Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $	4/19/93 330.00	(330.00) redesignated
G. Douglas L. Stringer, M.D. 2011 North Harrison Avenue Panama City, FL 32405 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $	4/19/93 330.00	330.00 redesignated

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

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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
James J. Strnad 11827 Lost Tree Way N. Palm Beach, FL 33408	Lemco Industries	2/10/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	300.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Strnad 11827 Lost Tree Way N. Palm Beach, FL 33408	Lemco Industries	5/06/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive	Aggregate Year-to-Date > $	300.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Josephine S. Sturgis 2900 20th Street Vero Beach, FL 32960	n/a	4/21/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
Josephine S. Sturgis 2900 20th Street Vero Beach, FL 32960	n/a	6/05/93	(970.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	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
Josephine S. Sturgis 2900 20th Street Vero Beach, FL 32960	n/a	6/05/93	970.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diego R. Suarez 3690 N.W. 62nd Street Miami, FL 33147	Inter-American Trans.	5/05/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	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
Stephen M. Suddath 1841 Donald Street Jacksonville, FL 32205	information requested	5/27/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chris T. Sullivan 550 N. Reo Street, Suite 204 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Outback Steakhouse Occupation: restaurant owner Aggregate Year-to-Date > $	1/28/93 600.00	100.00
B. Chris T. Sullivan 550 N. Reo Street, Suite 204 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Outback Steakhouse Occupation: restaurant owner Aggregate Year-to-Date > $	5/28/93 600.00	500.00
C. Chris T. Sullivan 550 N. Reo Street, Suite 204 Tampa, FL 33609 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Outback Steakhouse Occupation: restaurant owner Aggregate Year-to-Date > $	6/07/93 600.00	(75.00) redesignated
D. Chris T. Sullivan 550 N. Reo Street, Suite 204 Tampa, FL 33609 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Outback Steakhouse Occupation: restaurant owner Aggregate Year-to-Date > $	6/07/93 600.00	75.00 redesignated
E. Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Harris, Barnett et al Occupation: attorney Aggregate Year-to-Date > $	2/16/93 650.00	250.00
F. Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Harris, Barnett et al Occupation: attorney Aggregate Year-to-Date > $	5/10/93 650.00	400.00
G. Paul N. Sullivan 2451 Brickell Avenue, #5K Miami, FL 33129 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $	6/07/93 500.00	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Paul N. Sullivan 2451 Brickell Avenue, #5K Miami, FL 33129 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	6/16/93	(500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Paul N. Sullivan 2451 Brickell Avenue, #5K Miami, FL 33129 Receipt For: [ ] Primary [x] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	6/16/93	500.00 redesignated
C. Full Name, Mailing Address and ZIP Code Ralph L. Swank, II, M.D. 2514 W. Virginia Avenue Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation surgeon Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 3/24/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Blaine Sweatt, III 8963 Crichton Woods Drive Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer General Mills Occupation restaurant exec. Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Blaine Sweatt, III 8963 Crichton Woods Drive Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer General Mills Occupation restaurant exec. Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period (500.00) redesignated
F. Full Name, Mailing Address and ZIP Code Blaine Sweatt, III 8963 Crichton Woods Drive Orlando, FL 32819 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer General Mills Occupation restaurant exec. Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period 500.00 redesignated
G. Full Name, Mailing Address and ZIP Code Anna Lamar Switzer 841 Bayshore Drive Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > $ 225.00	Date (month, day, year) 1/15/93	Amount of Each Receipt this Period 25.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Anna Lamar Switzer 841 Bayshore Drive Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	5/06/93 225.00	50.00
B. Anna Lamar Switzer 841 Bayshore Drive Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	6/14/93 225.00	75.00
C. Anna Lamar Switzer 841 Bayshore Drive Pensacola, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date $	6/28/93 225.00	75.00
D. T. W. Sylte P. O. Box 230 Pensacola, FL 32591 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kelton Co. Occupation: president Aggregate Year-to-Date $	1/25/93 250.00	400.00
E. T. W. Sylte P. O. Box 230 Pensacola, FL 32591 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kelton Co. Occupation: president Aggregate Year-to-Date $	2/22/93 250.00	(250.00) redesignated
F. T. W. Sylte P. O. Box 230 Pensacola, FL 32591 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Kelton Co. Occupation: president Aggregate Year-to-Date $	2/22/93 250.00	(150.00) reattributed
G. Mary Sylte P. O. Box 230 Pensacola, FL 32591 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date $	2/22/93 150.00	150.00 reattributed

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. T. W. Sylte P. O. Box 230 Pensacola, FL 32591 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Kelton Co. Occupation: president Aggregate Year-to-Date > $	2/22/93 250.00	250.00 redesignated
B. Arthur Tait, Jr. 5109 S.E. Fourth Street Ocala, FL 32676 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation: information requested Aggregate Year-to-Date > $	6/03/93 500.00	500.00
C. Richard Talford P. O. Box 7425 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tree Plateau Co. Occupation: executive Aggregate Year-to-Date > $	1/20/93 350.00	75.00
D. Richard Talford P. O. Box 7425 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tree Plateau Co. Occupation: executive Aggregate Year-to-Date > $	3/30/93 350.00	50.00
E. Richard Talford P. O. Box 7425 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tree Plateau Co. Occupation: executive Aggregate Year-to-Date > $	5/07/93 350.00	50.00
F. Richard Talford P. O. Box 7425 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tree Plateau Co. Occupation: executive Aggregate Year-to-Date > $	6/08/93 350.00	75.00
G. Richard Talford P. O. Box 7425 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tree Plateau Co. Occupation: executive Aggregate Year-to-Date > $	6/23/93 350.00	100.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200707223

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Deborah H. Tanzler 4800 N.W. 110th Avenue Ocala, FL 32675 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	3/15/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Hans G. Tanzler, III 4080 NW 110th Ave. Ocala, FL 32678 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mark III Occupation attorney Aggregate Year-to-Date > $ 1,000.00	3/15/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Hans G. Tanzler, III 4080 NW 110th Ave. Ocala, FL 32678 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Mark III Occupation attorney Aggregate Year-to-Date > $ 1,000.00	4/20/93	(1,000.00) redesignated
D. Full Name, Mailing Address and ZIP Code Hans G. Tanzler, III 4080 NW 110th Ave. Ocala, FL 32678 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Mark III Occupation attorney Aggregate Year-to-Date > $ 1,000.00	4/20/93	1,000.00 redesignated
E. Full Name, Mailing Address and ZIP Code Kenyon Y. Taylor Box 116 S. Beloit, IL 61080 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	2/12/93	1,000.00
F. Full Name, Mailing Address and ZIP Code Harry E. Teasley, Jr. 6200 Courtney Campbell Cswy., #900 Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Coca-Cola/Nestle Occupation president Aggregate Year-to-Date > $ 2,000.00	3/12/93	500.00
G. Full Name, Mailing Address and ZIP Code Harry E. Teasley, Jr. 6200 Courtney Campbell Cswy., #900 Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Coca-Cola/Nestle Occupation president Aggregate Year-to-Date > $ 2,000.00	5/11/93	500.00

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harry E. Teasley, Jr. 6200 Courtney Campbell Cswy., #900 Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Coca-Cola/Nestle president $ 2,000.00	6/22/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry E. Teasley, Jr. 6200 Courtney Campbell Cswy., #900 Tampa, FL 33607 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Coca-Cola/Nestle president $ 2,000.00	6/29/93	(1,000.00) redesignated
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harry E. Teasley, Jr. 6200 Courtney Campbell Cswy., #900 Tampa, FL 33607 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Coca-Cola/Nestle president $ 2,000.00	6/29/93	1,000.00 redesignated
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Betty M. Tedder 1509 Jae Place Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	information requested information requested $ 250.00	5/24/93	250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John W. Temple 2300 N.W. Corporate Blvd., Ste. 238 Boca Raton, FL 33431 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Temple Development real estate $ 250.00	1/22/93	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Judy Terrell 7808 Ontario Street Circle Sarasota, FL 34243 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed restauranteur $ 250.00	5/24/93	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Herman Terry 2216 Gulf Life Tower, Suite 2216 Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Pace Amer. Ins. Group insurance executive $ 1,000.00	4/08/93	1,000.00

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. Herman Terry 2216 Gulf Life Tower, Suite 2216 Jacksonville, FL 32207 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Pace Amer. Ins. Group insurance executive Aggregate Year-to-Date > $ 1,000.00	5/10/93	(1,000.00) redesignated
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. Herman Terry 2216 Gulf Life Tower, Suite 2216 Jacksonville, FL 32207 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Pace Amer. Ins. Group insurance executive Aggregate Year-to-Date > $ 1,000.00	5/10/93	1,000.00 redesignated
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Tew 201 S. Biscayne Blvd., 26th Floor Miami, FL 33131 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Tew & Garcia-Pedrosa attorney Aggregate Year-to-Date > $ 1,000.00	3/15/93	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John W. Thatcher P. O. Box 371108 Miami, FL 33137 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Banana Supply Co. executive Aggregate Year-to-Date > $ 500.00	6/21/93	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John W. Thatcher P. O. Box 371108 Miami, FL 33137 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Banana Supply Co. executive Aggregate Year-to-Date > $ 500.00	7/01/93	(100.00) redesignated
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John W. Thatcher P. O. Box 371108 Miami, FL 33137 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Banana Supply Co. executive Aggregate Year-to-Date > $ 500.00	7/01/93	100.00 redesignated
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Bronson Thayer P. O. Box 429 Thonotosassa, FL 33529 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed finance Aggregate Year-to-Date > $ 330.00	4/20/93	330.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code A. Bronson Thayer P. O. Box 429 Thonotosassa, FL 33529 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation finance Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 5/07/93	Amount of Each Receipt this Period (330.00) redesignated
B. Full Name, Mailing Address and ZIP Code A. Bronson Thayer P. O. Box 429 Thonotosassa, FL 33529 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation finance Aggregate Year-to-Date > $ 330.00	Date (month, day, year) 5/07/93	Amount of Each Receipt this Period 330.00 redesignated
C. Full Name, Mailing Address and ZIP Code L. E. Thomas P. O. Box 490 Panama City, FL 32401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation auto dealer Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/21/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code L. E. Thomas P. O. Box 490 Panama City, FL 32401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation auto dealer Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period (240.00) redesignated
E. Full Name, Mailing Address and ZIP Code L. E. Thomas P. O. Box 490 Panama City, FL 32401 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer self-employed Occupation auto dealer Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period 240.00 redesignated
F. Full Name, Mailing Address and ZIP Code George Thomas, M.D. 4610 Riverview Blvd. Bradenton, FL 34209 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bradenton Cardiology Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/08/93	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code George Thomas, M.D. 4610 Riverview Blvd. Bradenton, FL 34209 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Bradenton Cardiology Occupation physician Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 2/09/93	Amount of Each Receipt this Period 200.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert F. Thompson 16311 Villareal de Avila Tampa, FL 33613 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed investment manager Aggregate Year-to-Date $	3/15/93 1,000.00	500.00
B. Robert F. Thompson 16311 Villareal de Avila Tampa, FL 33613 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed investment manager Aggregate Year-to-Date $	6/01/93 1,000.00	500.00
C. Byron N. Thompson, Jr. 50 N. Laura Street, Suite 3000 Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Coopers & Lybrand C.P.A. Aggregate Year-to-Date $	5/11/93 1,000.00	1,000.00
D. Douglas H. Thompson, Jr. 2416 S.W. 23rd Terrace Gainesville, FL 32605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Acctng Firms Assoc. C.P.A. Aggregate Year-to-Date $	1/25/93 330.00	330.00
E. Douglas H. Thompson, Jr. 2416 S.W. 23rd Terrace Gainesville, FL 32605 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Acctng Firms Assoc. C.P.A. Aggregate Year-to-Date $	2/09/93 330.00	(330.00) redesignated
F. Douglas H. Thompson, Jr. 2416 S.W. 23rd Terrace Gainesville, FL 32605 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Acctng Firms Assoc. C.P.A. Aggregate Year-to-Date $	2/09/93 330.00	330.00 redesignated
G. John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed agriculture Aggregate Year-to-Date $	1/27/93 530.00	330.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789	self-employed	2/08/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: agriculture	Aggregate Year-to-Date > $ 530.00	
B. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789	self-employed	2/08/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: agriculture	Aggregate Year-to-Date > $ 530.00	
C. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789	self-employed	4/28/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: agriculture	Aggregate Year-to-Date > $ 530.00	
D. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789	self-employed	5/10/93	(200.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: agriculture	Aggregate Year-to-Date > $ 530.00	
E. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789	self-employed	5/10/93	200.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: agriculture	Aggregate Year-to-Date > $ 530.00	
F. Full Name, Mailing Address and ZIP Code Bruce E. Titus P. O. Box 22668 Tampa, FL 33622	Suncoast Ins. Assoc.	6/03/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code Richard W. Tobin 6601 S.W. 118th Street Miami, FL 33156	Strategy Research	2/04/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: research	Aggregate Year-to-Date > $ 500.00	

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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
Carol J. Tortorella 7627 Apple Tree Circle Orlando, FL 32819	information requested	6/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	1/22/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	2/05/93	(330.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	2/05/93	330.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	3/01/93	350.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	4/12/93	(350.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	4/12/93	350.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 680.00		

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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
Finos J. Townley 540 Lone Palm Drive Lakeland, FL 33801	Townley Chemical	2/22/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	300.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Finos J. Townley 540 Lone Palm Drive Lakeland, FL 33801	Townley Chemical	4/06/93	50.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Finos J. Townley 540 Lone Palm Drive Lakeland, FL 33801	Townley Chemical	5/11/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	300.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Finos J. Townley 540 Lone Palm Drive Lakeland, FL 33801	Townley Chemical	6/22/93	50.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $	300.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John B. Trevor, Jr. 425 Worth Avenue, Apt. 5-F Palm Beach, FL 33480	n/a	1/19/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	350.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John B. Trevor, Jr. 425 Worth Avenue, Apt. 5-F Palm Beach, FL 33480	n/a	3/01/93	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	350.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	1/29/93	40.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	440.00

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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
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	5/05/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	5/06/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	5/19/93	(100.00) returned check
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	5/24/93	(100.00) returned check
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	6/08/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard J. Troche 1613 Beach Pkwy., Unit 3 Cape Coral, FL 33904	n/a	6/14/93	150.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 440.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward S. Truppman, M.D. 1100 N.E. 163rd Avenue, Suite 403 N. Miami Beach, FL 33162	self-employed	5/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

930200732

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Larry D. Tucker 3535 U.S. Hwy. 17, N Winter Haven, FL 33883	Tucker Const. & Eng.	5/03/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 650.00	
B. Full Name, Mailing Address and ZIP Code Larry D. Tucker 3535 U.S. Hwy. 17, N Winter Haven, FL 33883	Tucker Const. & Eng.	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 650.00	
C. Full Name, Mailing Address and ZIP Code Larry D. Tucker 3535 U.S. Hwy. 17, N Winter Haven, FL 33883	Tucker Const. & Eng.	6/15/93	(50.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 650.00	
D. Full Name, Mailing Address and ZIP Code Larry D. Tucker 3535 U.S. Hwy. 17, N Winter Haven, FL 33883	Tucker Const. & Eng.	6/15/93	50.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 650.00	
E. Full Name, Mailing Address and ZIP Code Stewart Turley P. O. Box 4689 Clearwater, FL 34618	Jack Eckerd Corp.	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman	Aggregate Year-to-Date > $ 500.00	
F. Full Name, Mailing Address and ZIP Code Thomas W. Turner 4800 S. St. Brides Circle Orlando, FL 32806	U.S. Dept. of Justice	6/14/93	330.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: asst. U.S. attorney	Aggregate Year-to-Date > $ 330.00	
G. Full Name, Mailing Address and ZIP Code Thomas W. Turner 4800 S. St. Brides Circle Orlando, FL 32806	U.S. Dept. of Justice	6/30/93	(320.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: asst. U.S. attorney	Aggregate Year-to-Date > $ 330.00	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Thomas W. Turner 4800 S. St. Brides Circle Orlando, FL 32806 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	U.S. Dept. of Justice Occupation asst. U.S. attorney Aggregate Year-to-Date > $ 330.00	6/30/93	320.00 redesignated
B. Full Name, Mailing Address and ZIP Code Humberto J. Ugobono Mimosa 155 Santa Maria Rio Piedras, PR 00927 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/29/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Virginia Fox Uihlein 1785 Gulf Shores Blvd., N., Apt. 7 Naples, FL 33940 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 6/16/93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Ruben Ungaro 10 Compass Point Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Arthur E. Upton 501 E. Camino Real, #1235 Boca Raton, FL 33432 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Upton, Cohen Occupation attorney Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/28/93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Michael L. Urbain 7 Minnetonka Road Ft. Lauderdale, FL 33308 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Museum of Discovery Occupation dir. of visitor svcs. Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 3/18/93	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code August Urbanek 1314 N. Ocean Blvd. Delray Beach, FL 33483 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self-employed Occupation real estate dev. Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 500.00
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code August Urbanek 1314 N. Ocean Blvd. Delray Beach, FL 33483 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation real estate dev. Aggregate Year-to-Date > $ 2,000.00	5/21/93	500.00
B. Full Name, Mailing Address and ZIP Code August Urbanek 1314 N. Ocean Blvd. Delray Beach, FL 33483 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation real estate dev. Aggregate Year-to-Date > $ 2,000.00	5/21/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Melba Urbanek 400 E. Sample Road, Suite 208 Pompano Beach, FL 33064 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation homemaker Aggregate Year-to-Date > $ 1,000.00	5/21/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 750.00	1/26/93	500.00
E. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 750.00	2/05/93	(500.00) redesignated
F. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 750.00	2/05/93	500.00 redesignated
G. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 750.00	2/22/93	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $ 750.00	3/06/93	(250.00) redesignated
B. Full Name, Mailing Address and ZIP Code Joe W. Uttinger 1100 Patricia, Suite 1305 San Antonio, TX 78213 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $ 750.00	3/06/93	250.00 redesignated
C. Full Name, Mailing Address and ZIP Code Francisco Valcarce P. O. Box 9120 Carolina, PR 00988 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed builder Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Francisco T. Valdes 8110 S.W. 34th Street Miami, FL 33155 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Omnisphere Corp. owner Aggregate Year-to-Date > $ 1,000.00	3/30/93	300.00
E. Full Name, Mailing Address and ZIP Code Francisco T. Valdes 8110 S.W. 34th Street Miami, FL 33155 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Omnisphere Corp. owner Aggregate Year-to-Date > $ 1,000.00	4/12/93	(300.00) redesignated
F. Full Name, Mailing Address and ZIP Code Francisco T. Valdes 8110 S.W. 34th Street Miami, FL 33155 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Omnisphere Corp. owner Aggregate Year-to-Date > $ 1,000.00	4/12/93	300.00 redesignated
G. Full Name, Mailing Address and ZIP Code Francisco T. Valdes 8110 S.W. 34th Street Miami, FL 33155 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Omnisphere Corp. owner Aggregate Year-to-Date > $ 1,000.00	4/30/93	700.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200736

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felipe Valls 700 S.W. 36th Avenue Miami, FL 33135	information requested	5/05/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $	500.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	self-employed	2/03/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: direct mail	Aggregate Year-to-Date > $	800.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	self-employed	3/16/93	(400.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: direct mail	Aggregate Year-to-Date > $	800.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	self-employed	3/16/93	400.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: direct mail	Aggregate Year-to-Date > $	800.00

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	self-employed	6/03/93	400.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: direct mail	Aggregate Year-to-Date > $	800.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. L. Van Every 425 Pine Lake Drive Naples, FL 33962	n/a	2/04/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. L. Van Every 425 Pine Lake Drive Naples, FL 33962	n/a	3/29/93	50.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $	250.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. E. L. Van Every 425 Pine Lake Drive Naples, FL 33962 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a retired Aggregate Year-to-Date > $	6/08/93 250.00	100.00
B. Egerton van den Berg P. O. Box 793 Orlando, FL 32802 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Foley & Lardner attorney Aggregate Year-to-Date > $	6/14/93 500.00	500.00
C. C. Edward Vandergriff 111 Riverside Avenue Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	The Haskell Co. sr. vice-president Aggregate Year-to-Date > $	5/06/93 1,000.00	1,000.00
D. C. Edward Vandergriff 111 Riverside Avenue Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	The Haskell Co. sr. vice-president Aggregate Year-to-Date > $	6/07/93 1,000.00	(800.00) redesignated
E. C. Edward Vandergriff 111 Riverside Avenue Jacksonville, FL 32202 Receipt For: [ ] Primary [x] General [ ] Other (specify):	The Haskell Co. sr. vice-president Aggregate Year-to-Date > $	6/07/93 1,000.00	800.00 redesignated
F. Bernard S. Varn P. O. Box 250 Ft. Meade, FL 33841 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed citrus grower Aggregate Year-to-Date > $	5/17/93 250.00	250.00
G. Leo A. Vecellio, Jr. 771 Village Road North Palm Beach, FL 33408 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Ranger Construction executive Aggregate Year-to-Date > $	5/03/93 500.00	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200738

A. Full Name, Mailing Address and ZIP Code Leo A. Vecellio, Jr. 771 Village Road North Palm Beach, FL 33408 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Ranger Construction Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period (500.00) redesignated
B. Full Name, Mailing Address and ZIP Code Leo A. Vecellio, Jr. 771 Village Road North Palm Beach, FL 33408 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Ranger Construction Occupation executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 6/06/93	Amount of Each Receipt this Period 500.00 redesignated
C. Full Name, Mailing Address and ZIP Code W. Ashley Verlander 11 East Forsyth Street Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer American Heritage Occupation chairman Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code W. Ashley Verlander 11 East Forsyth Street Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer American Heritage Occupation chairman Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period (1,000.00) reattributed
E. Full Name, Mailing Address and ZIP Code Alice Verlander 11 East Forsyth Street Jacksonville, FL 32202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/09/93	Amount of Each Receipt this Period 1,000.00 reattributed
F. Full Name, Mailing Address and ZIP Code Peter S. Verrill, M.D. 305 Hamilton Shore Drive NE Winter Haven, FL 33881 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Gessler Clinic Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 1/19/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Peter S. Verrill, M.D. 305 Hamilton Shore Drive NE Winter Haven, FL 33881 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Gessler Clinic Occupation physician Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 5/04/93	Amount of Each Receipt this Period 150.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200739

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Armando Vicente, M.D. 1801 Coral Way Miami, FL 33145	Central Corp.	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Armando Vicente, M.D. 1801 Coral Way Miami, FL 33145	Central Corp.	2/10/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Armando Vicente, M.D. 1801 Coral Way Miami, FL 33145	Central Corp.	2/10/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: president	Aggregate Year-to-Date > $ 500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen M. Vijayanagar 4953 Bay Way Drive Tampa, FL 33629	n/a	5/18/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 500.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen M. Vijayanagar 4953 Bay Way Drive Tampa, FL 33629	n/a	6/07/93	(250.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen M. Vijayanagar 4953 Bay Way Drive Tampa, FL 33629	n/a	6/07/93	250.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: none	Aggregate Year-to-Date > $ 500.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose A. Villamil 2655 Le Juene Road, #608 Coral Gables, FL 33134	information requested	3/15/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	

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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
Santiago Villar 1054 Ashford Avenue Condado, PR 00907	information requested	6/29/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested 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
Jacques Virmont, Jr. P. O. Box 4366 Lantata, FL 33462	n/a	2/10/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacques Virmont, Jr. P. O. Box 4366 Lantata, FL 33462	n/a	5/07/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacques Virmont, Jr. P. O. Box 4366 Lantata, FL 33462	n/a	6/16/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: none Aggregate Year-to-Date > $ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bart Allen Walchle 737 Spinnakers Reach Ponte Vedra Beach, FL 32082	C.B. Commercial	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate broker Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry L. Wall 16001 Bay Vista Drive Clearwater, FL 34620	Bay Medical, Inc.	5/18/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: owner Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Clinton Wallace P. O. Box 177 Lakeland, FL 33802	W. Clinton Wallace PA	5/11/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 250.00		

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code William L. Wallace P. O. Box 9002 Delray Beach, FL 33447 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Wallace Ford-Subaru Occupation: auto dealer Aggregate Year-to-Date > $ 2,000.00	5/20/93	2,000.00
B. Full Name, Mailing Address and ZIP Code William L. Wallace P. O. Box 9002 Delray Beach, FL 33447 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Wallace Ford-Subaru Occupation: auto dealer Aggregate Year-to-Date > $ 2,000.00	6/04/93	(1,000.00) redesignated
C. Full Name, Mailing Address and ZIP Code William L. Wallace P. O. Box 9002 Delray Beach, FL 33447 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Wallace Ford-Subaru Occupation: auto dealer Aggregate Year-to-Date > $ 2,000.00	6/04/93	1,000.00 redesignated
D. Full Name, Mailing Address and ZIP Code Garrett W. Walton P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Emmanuel, Sheppard Occupation: attorney Aggregate Year-to-Date > $ 800.00	3/18/93	800.00
E. Full Name, Mailing Address and ZIP Code Garrett W. Walton P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Emmanuel, Sheppard Occupation: attorney Aggregate Year-to-Date > $ 800.00	4/12/93	(800.00) redesignated
F. Full Name, Mailing Address and ZIP Code Garrett W. Walton P. O. Drawer 1271 Pensacola, FL 32596 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Emmanuel, Sheppard Occupation: attorney Aggregate Year-to-Date > $ 800.00	4/12/93	800.00 redesignated
G. Full Name, Mailing Address and ZIP Code James R. Ward 5106 7th Ave. Dr. W. Bradenton, FL 34209 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: retired Aggregate Year-to-Date > $ 500.00	1/12/93	500.00

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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
V. L. Ward P. O. Box 061249 Ft. Myers, FL 33906	self-employed	2/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer 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
V. L. Ward P. O. Box 061249 Ft. Myers, FL 33906	self-employed	3/05/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: auto dealer 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
V. L. Ward P. O. Box 061249 Ft. Myers, FL 33906	self-employed	3/05/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: auto dealer 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
Rawleigh Warner, Jr. 24 River View Road Hobe Sound, FL 33455	n/a	1/13/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: retired Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buz Watkins P. O. Box 95002 Lakeland, FL 33804	Watkins Motor Lines	4/26/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buz Watkins P. O. Box 95002 Lakeland, FL 33804	Watkins Motor Lines	6/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buz Watkins P. O. Box 95002 Lakeland, FL 33804	Watkins Motor Lines	6/22/93	(850.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: executive Aggregate Year-to-Date > $ 1,500.00		

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200707 43

A. Full Name, Mailing Address and ZIP Code Buz Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Watkins Motor Lines	Occupation executive	Date (month, day, year) 6/22/93	Amount of Each Receipt this Period 850.00 redesignated
		Aggregate Year-to-Date > $ 1,500.00		
B. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Watkins Motor Lines	Occupation executive	Date (month, day, year) 1/20/93	Amount of Each Receipt this Period 330.00
		Aggregate Year-to-Date > $ 100.00		
C. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Watkins Motor Lines	Occupation executive	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 330.00
		Aggregate Year-to-Date > $ 100.00		
D. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Watkins Motor Lines	Occupation executive	Date (month, day, year) 2/17/93	Amount of Each Receipt this Period (560.00) reattributed
		Aggregate Year-to-Date > $ 100.00		
E. Full Name, Mailing Address and ZIP Code Louise M. Watkins 1421 Seville Place Lakeland, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a	Occupation housewife	Date (month, day, year) 2/17/93	Amount of Each Receipt this Period 560.00 reattributed
		Aggregate Year-to-Date > $ 1,010.00		
F. Full Name, Mailing Address and ZIP Code Louise M. Watkins 1421 Seville Place Lakeland, FL 33803 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a	Occupation housewife	Date (month, day, year) 2/17/93	Amount of Each Receipt this Period (10.00) redesignated
		Aggregate Year-to-Date > $ 1,010.00		
G. Full Name, Mailing Address and ZIP Code Louise M. Watkins 1421 Seville Place Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a	Occupation housewife	Date (month, day, year) 2/17/93	Amount of Each Receipt this Period 10.00 redesignated
		Aggregate Year-to-Date > $ 1,010.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Watkins Motor Lines Occupation: executive Aggregate Year-to-Date > $ 100.00	2/17/93	(100.00) redesignated
B. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Watkins Motor Lines Occupation: executive Aggregate Year-to-Date > $ 100.00	2/17/93	100.00 redesignated
C. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Watkins Motor Lines Occupation: executive Aggregate Year-to-Date > $ 100.00	5/05/93	250.00
D. Full Name, Mailing Address and ZIP Code Louise M. Watkins 1421 Seville Place Lakeland, FL 33803 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date > $ 1,010.00	5/06/93	450.00
E. Full Name, Mailing Address and ZIP Code Margaret S. Watson 2223 Nevada Road Lakeland, FL 33803 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: homemaker Aggregate Year-to-Date > $ 250.00	5/04/93	250.00
F. Full Name, Mailing Address and ZIP Code Gavin H. Watson, Jr. 8617 Bay Ridge Blvd. Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: investor Aggregate Year-to-Date > $ 500.00	3/31/93	500.00
G. Full Name, Mailing Address and ZIP Code Gavin H. Watson, Jr. 8617 Bay Ridge Blvd. Orlando, FL 32819 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation: investor Aggregate Year-to-Date > $ 500.00	4/12/93	(500.00) redesignated
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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200745

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gavin H. Watson, Jr. 8617 Bay Ridge Blvd. Orlando, FL 32819	self-employed	4/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investor Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gavin H. Watson, Jr. 8617 Bay Ridge Blvd. Orlando, FL 32819	self-employed	4/12/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: investor Aggregate Year-to-Date > $ 500.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gavin H. Watson, Jr. 8617 Bay Ridge Blvd. Orlando, FL 32819	self-employed	4/26/93	(500.00) reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: investor Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley S. Watson 8617 Bay Ridge Blvd. Orlando, FL 32819	information requested	4/26/93	500.00 reattributed
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L. Watt 777 S. Flagler Drive, Suite 1900W West Palm Beach, FL 33401	Steel Hector Davis	5/03/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: attorney Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Weaver 2333 Ponce de Leon Blvd. Coral Gables, FL 33134	Intercap Investments	3/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy C. Weaver 2333 Ponce de Leon Blvd. Coral Gables, FL 33134	Intercap Investments	3/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: real estate Aggregate Year-to-Date > $ 500.00		

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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
George S. Webster 1898 S.W. Sixth Court Boca Raton, FL 33486	self-employed	4/02/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George S. Webster 1898 S.W. Sixth Court Boca Raton, FL 33486	self-employed	5/11/93	(500.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George S. Webster 1898 S.W. Sixth Court Boca Raton, FL 33486	self-employed	5/11/93	500.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: attorney	Aggregate Year-to-Date > $ 500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Weeder P. O. Box 1606 Bartow, FL 33830	Homes of Merit, Inc.	5/06/93	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: ceo	Aggregate Year-to-Date > $ 300.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl E. Weller 312 Sunrise Drive Nokomis, FL 34275	n/a	4/05/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,500.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl E. Weller 312 Sunrise Drive Nokomis, FL 34275	n/a	4/30/93	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 1,500.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Welles Route 1, Box 166 Arcadia, FL 33821	self-employed	1/13/93	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation:	Aggregate Year-to-Date > $ 350.00	

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

930200747

A. Full Name, Mailing Address and ZIP Code William G. Welles Route 1, Box 166 Arcadia, FL 33821 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 4/16/93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Preston A. Wells, Jr. P. O. Box 1720 Ft. Lauderdale, FL 33302 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code David E. Wertheimer, M.D. 20 E. Highpoint Road Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Health Institute Occupation physician Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 5/20/93	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and ZIP Code David E. Wertheimer, M.D. 20 E. Highpoint Road Stuart, FL 34996 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Health Institute Occupation physician Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period (1,000.00) redesignated
E. Full Name, Mailing Address and ZIP Code David E. Wertheimer, M.D. 20 E. Highpoint Road Stuart, FL 34996 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer Health Institute Occupation physician Aggregate Year-to-Date > $ 2,000.00	Date (month, day, year) 6/05/93	Amount of Each Receipt this Period 1,000.00 redesignated
F. Full Name, Mailing Address and ZIP Code John Whelchel 20890 Hamaca Court Boca Raton, FL 33433 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Florida Agnastore Occupation utility constr. Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/28/93	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Donald M. White 944 Fairway Dr. Warrington, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 4/30/93	Amount of Each Receipt this Period 100.00
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 Detailed Summary Page

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Donald M. White 944 Fairway Dr. Warrington, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/14/93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Donald M. White 944 Fairway Dr. Warrington, FL 32507 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/17/93	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Roger Whitley 4222 Fairway Run Tampa, FL 33624 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer Roger Whitley Chev. Occupation auto dealer Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/26/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Charles F. Wiebusch 700 John Ringling Blvd., N206 Sarasota, FL 34246 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 1/20/93	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Charles F. Wiebusch 700 John Ringling Blvd., N206 Sarasota, FL 34246 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Charles F. Wiebusch 700 John Ringling Blvd., N206 Sarasota, FL 34246 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Wiley, Rein & Fielding 1776 K Street, N.W. Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation partnership Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

930200707749

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Jerry Williams 4944 San Rafael Tampa, FL 33629	William Sec. Group	6/07/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: chairman Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code Larry J. Williams 639 66th Avenue, South St. Petersburg, FL 33705	Wthol, Inc.	5/24/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: medical imaging Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code Larry J. Williams 639 66th Avenue, South St. Petersburg, FL 33705	Wthol, Inc.	5/26/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: medical imaging Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code Leonard E. Williams 2518 Norfolk Road Orlando, FL 32803	self-employed	5/27/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: sales Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Ronald C. Williams 2600 Heron Lane, N. Clearwater, FL 34622	Williams Earth Sc.	5/21/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: engineering cons. Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code William R. Williams 861 Laurel Drive Lake Park, FL 33403	information requested	1/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 525.00		
G. Full Name, Mailing Address and ZIP Code William R. Williams 861 Laurel Drive Lake Park, FL 33403	information requested	6/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 525.00		

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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 / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: [X] Primary [ ] General [ ] Other (specify):	information requested information requested $ 525.00	6/30/93	(250.00) redesignated
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William R. Williams 861 Laurel Drive Lake Park, FL 33403 Receipt For: [ ] Primary [X] General [ ] Other (specify):	information requested information requested $ 525.00	6/30/93	250.00 redesignated
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William S. Williams 3701 S. Flagler Drive, #206B West Palm Beach, FL 33405 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Lytal and Reiter attorney $ 250.00	1/19/93	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert E. Windham 2759 Chinook Trail Maitland, FL 32751 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Church Street Station president $ 500.00	5/14/93	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
L. Earl Wingo, M.D. 2137 S.E. Millcreek Circle Ocala, FL 32671 Receipt For: [X] Primary [ ] General [ ] Other (specify):	self-employed physician $ 500.00	6/03/93	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lester Wishnatzki 2310 Fairmount Avenue Lakeland, FL 33803 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Wishnatzki & Nathel produce shipper $ 275.00	1/11/93	25.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lester Wishnatzki 2310 Fairmount Avenue Lakeland, FL 33803 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Wishnatzki & Nathel produce shipper $ 275.00	5/10/93	250.00

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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
Thomas G. Wolf 3301 Bayshore Blvd., Unit 1106 Tampa, FL 33629	Wolf Advisory Inatl.	4/02/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: information requested	Aggregate Year-to-Date > $ 500.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall I. Wolper 714 W. Di Lido Drive Miami Beach, FL 33139	Marshall Wolper Co.	3/12/93	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: insurance	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven P. J. Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	1/25/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 150.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven P. J. Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	2/20/93	(850.00) reattributed
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 150.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Collette Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	2/20/93	850.00 reattributed
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 850.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven P. J. Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	2/20/93	(150.00) redesignated
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 150.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven P. J. Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	2/20/93	150.00 redesignated
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: retired	Aggregate Year-to-Date > $ 150.00	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Thomas D. Wood 4665 Ponce de Leon Blvd. Coral Gables, FL 33146	Thomas Wood & Co. Occupation mortgage banker	2/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
B. Full Name, Mailing Address and ZIP Code Thomas D. Wood 4665 Ponce de Leon Blvd. Coral Gables, FL 33146	Thomas Wood & Co. Occupation mortgage banker	3/29/93	(100.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
C. Full Name, Mailing Address and ZIP Code Thomas D. Wood 4665 Ponce de Leon Blvd. Coral Gables, FL 33146	Thomas Wood & Co. Occupation mortgage banker	3/29/93	100.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
D. Full Name, Mailing Address and ZIP Code William McB. Wood One Biscayne Tower, Suite 1616 Miami, FL 33131	self-employed Occupation attorney	6/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
E. Full Name, Mailing Address and ZIP Code William McB. Wood One Biscayne Tower, Suite 1616 Miami, FL 33131	self-employed Occupation attorney	6/23/93	(500.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
F. Full Name, Mailing Address and ZIP Code William McB. Wood One Biscayne Tower, Suite 1616 Miami, FL 33131	self-employed Occupation attorney	6/23/93	500.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Aggregate Year-to-Date > $	500.00	
G. Full Name, Mailing Address and ZIP Code Robert C. Wooten 5010 Bayshore Blvd., Unit 7 Tampa, FL 33611	n/a Occupation retired	5/14/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $	600.00	

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

930200753

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Robert C. Wooten 5010 Bayshore Blvd., Unit 7 Tampa, FL 33611 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation retired Aggregate Year-to-Date > $ 600.00	6/08/93	500.00
B. Full Name, Mailing Address and ZIP Code Henry DeF. Wright 570 Wrightway Gulf Stream, FL 33444 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Schenectady Chemical Occupation ceo Aggregate Year-to-Date > $ 250.00	1/19/93	250.00
C. Full Name, Mailing Address and ZIP Code Henry DeF. Wright 570 Wrightway Gulf Stream, FL 33444 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Schenectady Chemical Occupation ceo Aggregate Year-to-Date > $ 250.00	2/08/93	(15.00) redesignated
D. Full Name, Mailing Address and ZIP Code Henry DeF. Wright 570 Wrightway Gulf Stream, FL 33444 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Schenectady Chemical Occupation ceo Aggregate Year-to-Date > $ 250.00	2/08/93	15.00 redesignated
E. Full Name, Mailing Address and ZIP Code William W. Yarick 4235 Hickory Drive Palm Beach Gardens, FL 33418 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation consultant Aggregate Year-to-Date > $ 500.00	5/11/93	500.00
F. Full Name, Mailing Address and ZIP Code John C. Yeager P. O. Box 9698 Naples, FL 33941 Receipt For: [x] Primary [ ] General [ ] Other (specify):	J. C. Yeager, Inc. Occupation builder Aggregate Year-to-Date > $ 500.00	2/19/93	500.00
G. Full Name, Mailing Address and ZIP Code Roy B. York 3741 Bobbin Brook Circle Tallahassee, FL 32313 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Martin Electronics Occupation ceo Aggregate Year-to-Date > $ 250.00	2/24/93	250.00

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Rafael Diaz Yoserev, M.D. 3661 S. Miami Avenue, Suite 1002 Miami, FL 33133	information requested	1/12/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: information requested Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code Kay Culbreath Young 103 Adriatic Tampa, FL 33606	self-employed	6/08/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: art consultant Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code Luther A. Youngs, III, M.D. 2420 Newport Avenue Lakeland, FL 33803	self-employed	5/04/93	150.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: pathologist Aggregate Year-to-Date > $ 400.00		
D. Full Name, Mailing Address and ZIP Code Luther A. Youngs, III, M.D. 2420 Newport Avenue Lakeland, FL 33803	self-employed	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: pathologist Aggregate Year-to-Date > $ 400.00		
E. Full Name, Mailing Address and ZIP Code Mammen Zachariah, M.D. 2593 S.E. Eighth Street Pompano Beach, FL 33062	information requested	5/20/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: physician Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	self-employed	5/20/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: cardiologist Aggregate Year-to-Date > $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	self-employed	6/11/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: cardiologist Aggregate Year-to-Date > $ 1,000.00		

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation cardiologist Aggregate Year-to-Date > $ 1,000.00	6/11/93	1,000.00 redesignated
B. Full Name, Mailing Address and ZIP Code Wanda Zaiser 550 Admiralty Parade West Naples, FL 33940 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation housewife Aggregate Year-to-Date > $ 1,000.00	2/03/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Robert F. Zales, II P. O. Box 4335 Panama City, FL 32401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation charter/comm fishing Aggregate Year-to-Date > $ 500.00	2/24/93	500.00
D. Full Name, Mailing Address and ZIP Code Robert F. Zales, II P. O. Box 4335 Panama City, FL 32401 Receipt For: [x] Primary [ ] General [ ] Other (specify):	self-employed Occupation charter/comm fishing Aggregate Year-to-Date > $ 500.00	3/17/93	(500.00) redesignated
E. Full Name, Mailing Address and ZIP Code Robert F. Zales, II P. O. Box 4335 Panama City, FL 32401 Receipt For: [ ] Primary [x] General [ ] Other (specify):	self-employed Occupation charter/comm fishing Aggregate Year-to-Date > $ 500.00	3/17/93	500.00 redesignated
F. Full Name, Mailing Address and ZIP Code R. W. Zipperly 234 Harbour Gardens Court Orlando, FL 32806 Receipt For: [x] Primary [ ] General [ ] Other (specify):	ZMA, Inc. Occupation architect Aggregate Year-to-Date > $ 1,000.00	5/25/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11A

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Mr. Tom C. Korologos 1850 K Street, NW, Ste. 850 Washington, DC 20006 RECEIPT FOR: Primary	Timmons & Company, Inc. President AGGREGATE YEAR TO DATE: $1,000 refunded to joint committee 7/23/93	05/03/93	$1,000.00 $1,000.00
Mr. Thomas F. Badciong 165 Detrie Drive Green Bay, WI 54301 - 0270 RECEIPT FOR: Primary	Schreiber Foods Executive AGGREGATE YEAR TO DATE:	05/12/93	$454.55 $454.55
Mr. Joseph H. Williams One Williams Center Tulsa, OK 74172 RECEIPT FOR: Primary	INFORMATION REQUESTED AGGREGATE YEAR TO DATE:	05/26/93	$90.91 $90.91
Mr. David G. Rahal East 210, Route 4 Post Office Box 129 Paramus, NJ 07652 RECEIPT FOR: Primary	INFORMATION REQUESTED AGGREGATE YEAR TO DATE:	05/28/93	$500.00 $500.00
Mr. Gilbert A. Robinson 1146 19th Street, NW Washington, DC 20036 RECEIPT FOR: Primary	INFORMATION REQUESTED AGGREGATE YEAR TO DATE:	06/07/93	$125.00 $125.00
Mr. Ivor Massey 4 North Fourth Street 101 Massey Building Richmond, VA 23219 - 0223 RECEIPT FOR: Primary	INFORMATION REQUESTED AGGREGATE YEAR TO DATE:	06/21/93	$272.73 $272.73
	PAGE TOTAL:		$2,443.19 MEMO

9302007056

MEMO SCHEDULE

SCHEDULE A ITEMIZED RECEIPTS LINE NUMBER 11A

Any information copied from such Reports or 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.

Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
	TOTAL:		$2,443.19 MEMO

93020070757

9 3 0 2 0 0 7 0 7 5 8

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1158

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF John S. Bull $ 77.00

SEVENTY SEVEN AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001158⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	77.00

9 3 0 2 0 0 7 0 7 5 9

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1160

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Mary O. Bush $ 300.00

THREE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001160⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	300.00

9 3 0 2 0 0 7 0 7 6 0

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1161

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Daniel D. Cantor $ 250.00

TWO HUNDRED FIFTY AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈000116⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	250.00

9302007076 1

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1162

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF J. A. Crookshank, Jr. $ 50.00

FIFTY AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001162⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	50.00

930200070762

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1163

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Louis M. Daniel, C.L.U. $ 25.00

TWENTY FIVE AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈0001163⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	25.00

9302007076 3

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1164

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Lu Drackett $ 250.00

TWO HUNDRED FIFTY AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001164⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	250.00

9 3 0 2 0 0 7 0 7 6 4

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1165

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Michael S. Egan $ 300.00

THREE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈000 1165⑈ ⑆063 108680⑆ 4 1005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	300.00

930200707765

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1166

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Miles L. Erickson $ 25.00

TWENTY FIVE AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001166⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	25.00

9 3 0 2 0 0 7 0 7 6 6

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1167

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Carter H. Golembe $ 100.00

ONE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈000 1167⑈ ⑆063108680⑆ 4 1005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	100.00

9 3 0 2 0 0 7 0 7 6 7

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1168

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Thomas L. Hammond $ 1,000.00

ONE THOUSAND AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001168⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	1,000.00

9302007070768

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1169

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF W. F. Hurlburt, Jr. $ 100.00

ONE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001169⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	100.00

9 3 0 2 0 0 7 0 7 6 9

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1170

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Sylvester Lukis $ 1,000.00

ONE THOUSAND AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001170⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	1,000.00

9302007077 0

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1171

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Jean L. Morrison $ 75.00

SEVENTY FIVE AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001171⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED.
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	75.00

930200707 7 |

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1172

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Eric Nickelsen $ 400.00

FOUR HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001172⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	400.00

9 3 0 2 0 0 7 0 7 7 2

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1173

63-868/631
BRANCH 004

July 28, 19 93

PAY TO THE ORDER OF Rebecca Perrine $ 63.00

SIXTY THREE AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001173⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	63.00

930200707 73

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1174

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF George T. Piercy $ 100.00

ONE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001174⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	100.00

930200070774

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1175

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Donald L. Segur $ 100.00

ONE HUNDRED AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈001175⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	100.00

930200707 75

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1176

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Louis R. Sigel, Jr. $ 50.00

FIFTY AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈000 1176⑈ ⑆063108680⑆ 4005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	50.00

9302007077 6

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1177

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Kevin Smith $ 1,000.00

ONE THOUSAND AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈0001177⑈ ⑆063108680⑆ 4100580 5⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	1,000.00

9302007077 7

HARLAND

FRIENDS OF CONNIE MACK 05-93
POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1178

63-868/631
BRANCH 004

July 23, 19 93

PAY TO THE ORDER OF Kimberly Kyle Smith $ 1,000.00

ONE THOUSAND AND 00/100---------- DOLLARS

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈0001178⑈ ⑆063108680⑆ 41005805⑈

HARLAND W2F (11/91)

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED
FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
	Contribution Refund	1,000.00

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 33

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code AAA Corporation PAC P. O. Box 8006 Hunt Valley, MD 21030	n/a	4/07/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,000.00
B. Full Name, Mailing Address and ZIP Code AGC PAC 1957 E Street, N.W. Washington, D.C. 20006	n/a	4/12/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,000.00
C. Full Name, Mailing Address and ZIP Code AGSHF Civic Action Committee 1333 New Hampshire Ave., N.W., #400 Washington, D.C. 20036	n/a	4/01/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,181.82
D. Full Name, Mailing Address and ZIP Code AHP Good Government Fund 685 Third Avenue New York, NY 10017	n/a	6/21/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,000.00
E. Full Name, Mailing Address and ZIP Code AICPA Effective Leg. Comm. 1455 Pennsylvania Ave., N.W. Washington, D.C. 20004	n/a	3/17/89	(5,000.00) correct error
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	
F. Full Name, Mailing Address and ZIP Code AICPA Effective Leg. Comm. 1455 Pennsylvania Ave., N.W. Washington, D.C. 20004	n/a	3/17/89	5,000.00 correct error
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	
G. Full Name, Mailing Address and ZIP Code AICPA Effective Leg. Comm. 1455 Pennsylvania Ave., N.W. Washington, D.C. 20004	n/a	5/17/93	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	2,000.00

930200707 S

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 Detailed Summary Page

PAGE 2 OF 33

FOR LINE NUMBER 11c

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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
AICPA Effective Leg. Comm. 1455 Pennsylvania Ave., N.W. Washington, D.C. 20004	n/a	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
APSPAC 411 North Central Phoenix, AZ 85004	n/a	5/17/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AT&T PAC 550 Madison Avenue New York, NY 10022	n/a	1/25/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AT&T PAC 550 Madison Avenue New York, NY 10022	n/a	6/04/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Action Fund of Shearson Lehman 1020 19th Street, N.W. Washington, D.C. 20036	n/a	6/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aetna Life & Casualty PAC 151 Farmington Avenue Hartford, CT 06156	n/a	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a 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
Allstate Insurance Co. PAC Allstate Plaza Northbrook, IL 60062	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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)	

9302007079

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 33

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Amer. Sugar Cane League PAC P. O. Drawer 938 Thibodaux, LA 70302	n/a	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,000.00
B. Full Name, Mailing Address and ZIP Code AmSouth PAC P. O. Box 11007 Birmingham, AL 35288	n/a	5/12/93	200.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	200.00
C. Full Name, Mailing Address and ZIP Code American Electric Power Committee Post Office Box 16631 Columbus, OH 16631	n/a	4/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code American Health Care Asso. PAC 1201 L Street, N.W. Washington, D.C. 20005	n/a	5/07/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	400.00
E. Full Name, Mailing Address and ZIP Code American Maritime Officer PAC 650 Fourth Avenue Brooklyn, NY 11232	n/a	4/01/93	2,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	5,000.00
F. Full Name, Mailing Address and ZIP Code American Sugarbeet Growers PAC 1156 15th Street, N.W., Suite 1020 Washington, D.C. 20005	n/a	3/22/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	1,000.00
G. Full Name, Mailing Address and ZIP Code American Bankers Assoc. PAC 1120 Connecticut Avenue, N.W. Washington, D.C. 20036	n/a	2/16/93	4,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date > $	9,000.00

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

A. Full Name, Mailing Address and ZIP Code American Bankers Assoc. PAC 1120 Connecticut Avenue, N.W. Washington, D.C. 20036 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 9,000.00	Date (month, day, year) 4/08/93	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code American Crystal Sugar PAC 101 N. Third Street Moorhead, MN 56560 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/01/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code American Cyanamid Government Fund 1575 Eye Street, N.W. Washington, D.C. 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/02/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code American Airlines PAC 1101 17th Street, N.W. Washington, D.C. 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/01/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code American Dental PAC 1111 14th Street, N.W., Suite 1100 Washington, D.C. 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 3/29/93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code American Hotel Motel PAC 1201 New York Ave., N.W., 6th Floor Washington, D.C. 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 2/10/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code American International Group PAC 1455 Pennsylvania Ave., N.W., #900 Washington, D.C. 20004 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5/17/93	Amount of Each Receipt this Period 1,000.00

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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
American Medical PAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
American Trucking PAC 430 First Street, S.E. Washington, D.C. 20003	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Anheuser-Busch PAC 1776 I Street, N.W., Suite 200 Washington, D.C. 20006	n/a	4/07/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,272.73
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Association of Bank Holding Co. PAC 730 15th Street, N.W. Washington, D.C. 20005	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
B G & E PAC 1412 Gas & Electric Bldg. Baltimore, MD 21203	n/a	4/23/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Banc One PAC 100 E. Broad Street Columbus, OH 43271	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	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**
BankAmerica Election Fund P. O. Box 37000 San Francisco, CA 94137	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00

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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
Barnett People for Better Govt. P. O. Box 5257 Tallahassee, FL 32314	n/a	2/08/93	2,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,554.55
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barnett People for Better Govt. P. O. Box 5257 Tallahassee, FL 32314	n/a	2/11/93	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,554.55
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Baypac P. O. Box 271082 Tampa, FL 33688	n/a	3/08/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beet Sugar PAC 1156 15th Street, N.W. Washington, D.C. 20005	n/a	3/22/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ 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**
BellSouth Federal PAC 150 S. Monroe Street, Suite 499 Tallahassee, FL 32301	n/a	2/11/93	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		1,200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BellSouth Federal PAC 150 S. Monroe Street, Suite 499 Tallahassee, FL 32301	n/a	3/25/93	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		1,200.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BenPAC 200 Beneficial Center Peapack, NJ 07977	n/a	3/22/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		1,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Bipartisan PAC/Mellon Bank P. O. Box 15629 Pittsburgh, PA 15244	n/a	2/16/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code Build PAC 15th & M Street, N.W. Washington, D.C. 20005	n/a	6/08/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
C. Full Name, Mailing Address and ZIP Code COMSAT PAC 950 L'Enfant Plaza, S.W. Washington, D.C. 20024	n/a	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
D. Full Name, Mailing Address and ZIP Code CSX Transporation, Inc. PAC 1331 Pennsylvania Ave., N.W., #565 Washington, D.C. 20004	n/a	3/08/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	4,000.00
E. Full Name, Mailing Address and ZIP Code CSX Transporation, Inc. PAC 1331 Pennsylvania Ave., N.W., #565 Washington, D.C. 20004	n/a	4/07/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	4,000.00
F. Full Name, Mailing Address and ZIP Code CSX Transporation, Inc. PAC 1331 Pennsylvania Ave., N.W., #565 Washington, D.C. 20004	n/a	5/11/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	4,000.00
G. Full Name, Mailing Address and ZIP Code Campaign America 919 Prince Street Alexandria, VA 22314	n/a	4/01/93	4,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	3,000.00

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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
Champion International Corp. PAC 1875 Eye Street, N.W., Suite 540 Washington, D.C. 20006	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Chase PAC 1 Chase Manhattan Plaza New York, NY 10081	n/a	2/17/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chemical Bank Good Govt. Fund 277 Park Ave., Third Floor New York, NY 10172	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chemical Bank Good Govt. Fund 277 Park Ave., Third Floor New York, NY 10172	n/a	4/19/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chubb PAC information requested	n/a	3/19/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cigar-PAC 1100 17th Street, Suite 504 Washington, D.C. 20036	n/a	4/01/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cigna Corp. PAC One Logan Square Philadelphia, PA 19103	n/a	5/24/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Civic Action Fund-Loral 1210 Massillon Road Akron, OH 44315 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 1,000.00	3/09/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Civic Involvement Program 3044 West Grand Boulevard Detroit, MI 48202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 2,000.00	4/12/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Coca-Cola Co. Committee Post Office Drawer 1734 Atlanta, GA 30301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 1,000.00	6/01/93	500.00
D. Full Name, Mailing Address and ZIP Code Coca-Cola Ent. Empl. Comm P. O. Box 1778 Atlanta, GA 30301 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 500.00	5/24/93	500.00
E. Full Name, Mailing Address and ZIP Code Comm. for Quality Ortho. Health 317 Massachusetts Ave., N.E., #100 Washington, D.C. 20002 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 1,000.00	6/28/93	1,000.00
F. Full Name, Mailing Address and ZIP Code Committee for Effective Government information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 1,000.00	6/29/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Concrete Masonry PAC 2302 Horse Pen Road Herndon, VA 22071 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a	n/a Aggregate Year-to-Date > $ 500.00	4/12/93	500.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200787

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Consumers Power Co. PAC 212 W. Michigan Avenue Jackson, MI 49201	n/a	4/23/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CorePAC P. O. Box 7558 Philadelphia, PA 19101	n/a	2/16/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Crestar Fin. Responsible Govt. Fund P. O. Box 26665 Richmond, VA 23261	n/a	2/16/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dealers Election Action 8400 Westpark Drive McLean, VA 22102	n/a	4/21/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Delta PAC 1629 K Street, N.W., Suite 501 Washington, D.C. 20006	n/a	5/28/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Detroit Edison PAC 2000 Second Avenue Detroit, MI 48226	n/a	5/27/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DuPont Merck Program 1700 Pennsylvania Ave., NW, #950 Washington, D.C. 20006	n/a	6/28/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00

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SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200788

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Electronic Data Systems PAC 7171 Forest Lane Dallas, TX 75230 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	3/30/93 Aggregate Year-to-Date > $ 1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code Employees Federal PAC-Carolina Power P. O. Box 1510, CPB 20C5 Raleigh, NC 27602 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/23/93 Aggregate Year-to-Date > $ 1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code FMC Corp. Good Government Program 200 E. Randolph Drive Chicago, IL 60601 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/05/93 Aggregate Year-to-Date > $ 1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code Federation of American Health Systems 1111 19th Street, N.W., Suite 402 Washington, D.C. 20036 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/08/93 Aggregate Year-to-Date > $ 1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code Federal Express PAC 2005 Corporate Avenue Memphis, TN 38132 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	6/30/93 Aggregate Year-to-Date > $ 3,000.00	3,000.00
F. Full Name, Mailing Address and ZIP Code Fidelity Insurance Agency PAC 800 Fairway Drive, Suite 293 Deerfield Beach, FL 33441 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	1/25/93 Aggregate Year-to-Date > $ 3,000.00	400.00
G. Full Name, Mailing Address and ZIP Code Fidelity Insurance Agency PAC 800 Fairway Drive, Suite 293 Deerfield Beach, FL 33441 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	5/20/93 Aggregate Year-to-Date > $ 3,000.00	2,600.00

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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
First Chicago Corp. PAC One First Nat'l Plaza, Suite 0520 Chicago, IL 60670	n/a	3/10/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
First Union Employees Good Govt. Fund Charlotte, NC 28288	n/a	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Firstar Corp. Civic Committee 777 E. Wisconsin Avenue Milwaukee, WI 53202	n/a	2/16/93	500.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date $	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Florida Sugar Cane League PAC 115 South Lopez Street Clewiston, FL 33440	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Florida Congressional Committee information requested	n/a	2/24/93	5,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date $	5,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Florida Citrus Mutual PAC P. O. Box 89 Lakeland, FL 33802	n/a	4/06/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	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**
Florida Health PAC P. O. Box 6936 Jacksonville, FL 32236	n/a	4/01/93	800.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a	Aggregate Year-to-Date $	5,800.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

930200790

A. Full Name, Mailing Address and ZIP Code Florida Health PAC P. O. Box 6936 Jacksonville, FL 32236 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,800.00	Date (month, day, year) 4/26/93	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Florida Health PAC P. O. Box 6936 Jacksonville, FL 32236 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,800.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period (4,200.00) redesignated
C. Full Name, Mailing Address and ZIP Code Florida Health PAC P. O. Box 6936 Jacksonville, FL 32236 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,800.00	Date (month, day, year) 6/01/93	Amount of Each Receipt this Period 4,200.00 redesignated
D. Full Name, Mailing Address and ZIP Code Florida Medical PAC P. O. Box 2411 Jacksonville, FL 32203 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 6/28/93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Florida Rock Good Govt. Committee P. O. Box 4667 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 3/01/93	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code Florida Rock Good Govt. Committee P. O. Box 4667 Jacksonville, FL 32201 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,400.00	Date (month, day, year) 4/22/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Food Marketing Institute PAC 1750 K Street, N.W., Suite 700 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/07/93	Amount of Each Receipt this Period 1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ford Motor Company The American Road Dearborn, MI 48121 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	5/27/93 Aggregate Year-to-Date > $ 1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code G-P Employees' Fund 1875 Eye Street, N.W., Suite 470 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	5/24/93 Aggregate Year-to-Date > $ 500.00	500.00
C. Full Name, Mailing Address and ZIP Code GRACEPAC One Town Center Road Boca Raton, FL 33486 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	3/02/93 Aggregate Year-to-Date > $ 1,500.00	500.00
D. Full Name, Mailing Address and ZIP Code GRACEPAC One Town Center Road Boca Raton, FL 33486 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/29/93 Aggregate Year-to-Date > $ 1,500.00	1,000.00
E. Full Name, Mailing Address and ZIP Code GTE Political Action Club 1850 M Street, N.W., Suite 1200 Washington, DC 20036 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/07/93 Aggregate Year-to-Date > $ 2,500.00	2,500.00
F. Full Name, Mailing Address and ZIP Code General Mills Restaurants PAC P. O. Box 593330 Orlando, FL 32859 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a	4/19/89 Aggregate Year-to-Date > $	(3,000.00) correct error
G. Full Name, Mailing Address and ZIP Code General Mills Restaurants PAC P. O. Box 593330 Orlando, FL 32859 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation n/a	4/19/89 Aggregate Year-to-Date > $	3,000.00 correct error

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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
General Electric Co. PAC 1331 Pennsylvania Ave., N.W. Washington, D.C. 20004	n/a	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Golden State PAC 11355 W. Olympic Blvd., 2nd Floor Los Angeles, CA 90064	n/a	6/17/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Good Government Management Asso. P. O. Box 14065 Juno Beach, FL 33408	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Good Government Management Asso. P. O. Box 14065 Juno Beach, FL 33408	n/a	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Great Western Financial Corp Comm. 8484 Wilshire Blvd. Beverly Hills, CA 90211	n/a	3/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gray, Harris & Robinson PAC 201 E. Pine Street, Suite 1200 Orlando, FL 32801	n/a	6/02/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	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**
Greenburg, Traurig PAC 1221 Brickell Avenue Miami, FL 33131	n/a	6/30/93	5,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	5,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage, NY 11714 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	11/15/88	(1,000.00) correct error
B. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage, NY 11714 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	11/15/88	1,000.00 correct error
C. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage, NY 11714 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $ 7,000.00	2/24/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage, NY 11714 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $ 7,000.00	4/12/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage, NY 11714 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $ 7,000.00	6/17/93	5,000.00
F. Full Name, Mailing Address and ZIP Code Hartford Insurance Group PAC Hartford Plaza Hartford, CT 06115 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	3/11/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Hawn Sugar PAC 99-193 Aiea Heights Drive Aiea, HI 96701 Receipt For: [ ] Primary [x] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	3/22/93	1,000.00
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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
Health Trust PAC P. O. Box 24350 Nashville, TN 37202	n/a	2/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Heublein Employees Committee P. O. Box 388 Farmington, CT 06034	n/a	4/02/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] 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**
Hoffman LaRoche Committee 1300 I Street, N.W., Suite 520W Washington, D.C. 20005	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Hospital Corp. PAC P. O. Box 550 Nashville, TN 37202	n/a	2/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
House PAC 1000 Connecticut Ave., N.W., #507 Washington, DC 20036	n/a	2/24/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,090.91
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hudson Valley PAC 100 Red Schoolhouse Road Spring Valley, NY 10977	n/a	2/11/93	5,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	5,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Illnois Power Federal PAC information requested	n/a	5/17/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200795

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Inatl Council of Shopping Centers PAC 1024 E. Park Avenue Tallahassee, FL 32301	n/a	5/03/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Independent Bankers PAC One Thomas Circle, N.W., Suite 950 Washington, D.C. 20005	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
InsurPAC 412 First St., S.E., Suite 300 Washington, D.C. 20003	n/a	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Investment Management PAC 1600 M Street, N.W. Washington, D.C. 20036	n/a	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
John Hancock Insurance Co. PAC P. O. Box 111 Boston, MA 02117	n/a	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph E. Seagram, Inc. PAC 800 Third Avenue New York, NY 10022	n/a	4/02/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Joseph E. Seagram, Inc. PAC 800 Third Avenue New York, NY 10022	n/a	4/02/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,000.00

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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
King & Spaulding Committee information requested	n/a	5/24/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Life Insurance PAC 1001 Pennsylvania Avenue, N.W. Washington, D.C. 20004	n/a	3/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Lockheed Employees PAC 4500 Park Granada Blvd. Calabasas, CA 91399	n/a	3/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MCA PAC 100 Universal City Plaza Universal City, CA 91608	n/a	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Martin Marietta PAC 6801 Rockledge Avenue Bethesda, MD 20817	n/a	3/17/93	4,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		4,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mass Mutual PAC 1295 State Street Springfield, MA 01111	n/a	3/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a 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**
McDonnell Douglas Fund 1735 Jefferson Davis Hwy., #1200 Arlington, VA 22202	n/a	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,000.00

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Meridian Bancorp PAC information requested Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	2/16/93 750.00	750.00
B. Merrill Lynch PAC 3000 K Street, N.W., #620 Washington, D.C. 20007 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	4/12/93 1,000.00	1,000.00
C. Met Life Employees' PAC One Madison Avenue New York, NY 10010 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	3/02/93 2,000.00	2,000.00
D. Miami Cruise PAC 903 South America Way Miami, FL 33132 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	1/12/93 250.00	250.00
E. Mississippi Power Co. Federal PAC P. O. Box 4079 Gulfport, MS 39501 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	4/23/93 500.00	500.00
F. Monsanto Citizenship Fund 800 N. Lindbergh Blvd. St. Louis, MO 63167 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	5/06/93 1,000.00	1,000.00
G. Morgan Companies PAC 23 Wall Street New York, NY 10015 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation: n/a Aggregate Year-to-Date > $	12/08/89	2,500.00 correct error

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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
Morgan Companies PAC 23 Wall Street New York, NY 10015	n/a	12/08/89	(2,500.00) correct error
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Morgan Companies PAC 23 Wall Street New York, NY 10015	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Mortgage Insurance PAC 805 15th Street, N.W., Ste. 1110 Washington, D.C. 20005	n/a	2/19/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Motorola Employees Committee 1776 K. St. N.W., Suite 300 Washington, D.C. 20006	n/a	5/17/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
North Trust Co. Good Govt. Fund 50 S. LaSalle Street Chicago, IL 60690	n/a	2/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
NACSA PAC 316 Pennsylvania Ave., Suite 400 Washington, D.C. 20003	n/a	3/11/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a 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**
NAIU PAC 1922 F Street, N.W. Washington, D.C. 20006	n/a	3/08/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		2,000.00

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SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930200709

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code NAIU PAC 1922 F Street, N.W. Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	4/12/93 2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code NATCA PAC 444 N. Capitol Street, Suite 845 Washington, D.C. 20001 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	4/01/93 1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code NBWA PAC 1100 S. Washington Street Alexandria, VA 22314 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	5/17/93 5,000.00	3,000.00
D. Full Name, Mailing Address and ZIP Code NRA Political Victory Cmm 1600 Rhode Island Avenue, N.W. Washington, D.C. 20036 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	4/23/93 2,000.00	2,000.00
E. Full Name, Mailing Address and ZIP Code National City Corp. PAC 1900 E. Ninth Street Cleveland, OH 44114 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	2/16/93 1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code Nationsbank PAC 100 N. Tyron Street Charlotte, NC 28202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	2/16/93 2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code Nationsbank PAC 100 N. Tyron Street Charlotte, NC 28202 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a Occupation n/a Aggregate Year-to-Date > $	6/14/93 2,000.00	500.00

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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
Nationsbank PAC 100 N. Tyron Street Charlotte, NC 28202	n/a	6/14/93	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Tooling & Mach Committee P. O. Box 44162 Ft. Washington, MD 20749	n/a	5/24/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ 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**
National Emergency Medical PAC 1125 Executive Circle Irving, TX 75038	n/a	6/28/93	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Food Processors PAC 1133 20th Street, N.W. Washington, D.C. 20036	n/a	6/25/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Northrup Employees PAC 650 California Street, Suite 2650 San Francisco, CA 94108	n/a	6/01/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ 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**
Northrup Employees PAC 650 California Street, Suite 2650 San Francisco, CA 94108	n/a	6/01/93	1,000.00
Receipt For: ☒ Primary ☐ General ☐ 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**
Norwest Corp. PAC Sixth and Marquette Minneapolis, MN 55479	n/a	2/16/93	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00

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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
OphthPAC 1101 Vermont Ave., N.W., Suite 300 Washington, D.C. 20005	n/a	6/29/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PMA PAC 1755 Jefferson Davis Hwy., #1107 Arlington, VA 22202	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
PNB Voluntary PAC Pittsburgh National Building Pittsburgh, PA 15222	n/a	2/16/93	300.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penney PAC P. O. Box 1130 New York, NY 10016	n/a	5/03/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Petroleum Marketers Asso. 1120 Vermont Ave., N.W., Suite 1130 Washington, D.C. 20005	n/a	3/15/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Podiatry PAC 9312 Old Georgetown Road Bethesda, MD 20814	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a 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
Political Participation Fund 231 S. LaSalle Street Chicago, IL 60697	n/a	2/16/93	1,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

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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
Power PAC-Edison Electric 1111 19th Street, N.W. Washington, D.C. 20036	n/a	4/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Power PAC-Florida Power Post Office Box 14042 St. Petersburg, FL 33733	n/a	5/27/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Professional Insurance Agents PAC 400 N. Washington Street Alexandria, VA 22314	n/a	3/15/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Prudential Insurance Co. PAC Prudential Plaza Newark, NJ 07101	n/a	5/03/93	4,000.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	4,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Public Securities PAC 1445 New York Ave., N.W., Suite 800 Washington, D.C. 20005	n/a	4/19/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Public Service Electric & Gas PAC 80 Park Plaza, 4A Newark, NJ 07102	n/a	4/23/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	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**
R.O.U. PAC 100 Indiana Avenue, N.W., #311 Washington, D.C. 20001	n/a	6/01/93	313.01
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	313.01

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

930207080 3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RJR Politial Action Committee P. O. Box 718 Winston-Salem, NC 27102	n/a	4/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RJR Politial Action Committee P. O. Box 718 Winston-Salem, NC 27102	n/a	5/10/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	2,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Raytheon PAC 141 Spring Street Lexington, MA 02173	n/a	5/06/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Realtors PAC 430 North Michigan Avenue Chicago, IL 60611	n/a	2/16/93	125.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	579.50
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Responsible Govt. Comm.-Gulf Employees 500 Bayfront Parkway Pensacola, FL 32501	n/a	4/23/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rockwell International Good Govt. Comm. 625 Liberty Avenue Pittsburgh, PA 15222	n/a	4/19/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	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**
Salomon Brothers, Inc. PAC 1455 Pennsylvania Ave., N.W., #350 Washington, D.C. 20004	n/a	4/12/93	5,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	5,000.00

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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
Schering-Plough Government Fund 1 Giralda Farms Madison, NJ 07940	n/a	4/29/93	1,000.00 conduited
Receipt For: [x] Primary [ ] General [ ] 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
conduited through: Campaign America 919 Prince Street Alexandria, VA 22314			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Secura PAC 1155 21st Street, N.W., Suite 850 Washington, D.C. 20036	n/a	2/04/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sensormatic Elec. PAC 500 N.W. 12th Avenue Deerfield Beach, FL 33441	n/a	1/14/93	100.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 350.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sensormatic Elec. PAC 500 N.W. 12th Avenue Deerfield Beach, FL 33441	n/a	1/28/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 350.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Servac Employees PAC P. O. Box 61000 New Orleans, LA 70161	n/a	4/23/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a 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
Shaw Pittman Potts PAC 2300 N Street, N.W. Washington, D.C. 20037	n/a	6/30/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

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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
Shutts & Bowen PAC 20 N. Orange Street, Suite 1000 Orlando, FL	n/a	5/18/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Signet Bank/Virginia PAC P. O. Box 25970 Richmond, VA 23260	n/a	2/16/93	400.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 400.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
So. Minn. Sugar Co-op PAC P. O. Box 500 Renville, MN 56284	n/a	4/27/93	1,250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
So. Nuclear Employees PAC P. O. Box 1295 Birmingham, AL 35201	n/a	4/23/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Society Corp. PAC P. O. Box 5657-S Cleveland, OH 44101	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southern Bell Federal PAC 675 W. Peachtree St., Room 36F63 Atlanta, GA 30375	n/a	2/10/93	500.00
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southern Co. Services PAC 64 Perimeter Center, East Atlanta, GA 30346	n/a	4/23/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 500.00		

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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
Sprint Corp. PAC P. O. Box 11315 Kansas City, MO 64112	n/a	2/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Sun Bank PAC 150 South Monroe Street, Suite 200 Tallahassee, FL 32301	n/a	12/12/88	(1,000.00) correct error
Receipt For: [x-94] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sun Bank PAC 150 South Monroe Street, Suite 200 Tallahassee, FL 32301	n/a	12/12/88	1,000.00 correct error
Receipt For: [ ] Primary [x-88] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sun Bank PAC 150 South Monroe Street, Suite 200 Tallahassee, FL 32301	n/a	2/16/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $ 2,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sun Bank PAC 150 South Monroe Street, Suite 200 Tallahassee, FL 32301	n/a	5/11/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Sunbelt Good Government Committee P. O. Box B Jacksonville, FL 32203	n/a	4/27/89	(2,000.00) correct error
Receipt For: [x-94] Primary [ ] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sunbelt Good Government Committee P. O. Box B Jacksonville, FL 32203	n/a	4/27/89	2,000.00 correct error
Receipt For: [ ] Primary [x-88] General [ ] Other (specify):	Occupation: n/a Aggregate Year-to-Date > $		

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

9302007080 6

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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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
Sunbelt Good Government Committee P. O. Box B Jacksonville, FL 32203	n/a	6/04/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a Aggregate Year-to-Date > $		2,000.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Teco Energy PAC Post Office Box 111 Tampa, FL 33601	n/a	6/01/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Television & Radio PAC 1771 N. Street, N.W. Washington, D.C. 20036	n/a	4/21/93	2,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a Aggregate Year-to-Date > $		2,000.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Texaco Political Involvemnt Committee 1050 17th Street, N.W., Suite 500 Washington, D.C. 20036	n/a	5/03/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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
Textron PAC P. O. Box 878 Providence, RI 02901	n/a	4/21/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a Aggregate Year-to-Date > $		1,000.00

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Committee on Political Affairs One Commerce Squre Memphis, TN 38150	n/a	6/16/93	250.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a Aggregate Year-to-Date > $		250.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trust Co. of Georgia PAC information requested	n/a	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation n/a Aggregate Year-to-Date > $		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**

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. U.S. Sugar Corp. ESOP PAC P. O. Box 1207 Clewiston, FL 33440 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	2/11/93 1,500.00	1,000.00
B. U.S. Sugar Corp. ESOP PAC P. O. Box 1207 Clewiston, FL 33440 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	6/02/93 1,500.00	500.00
C. USAA Group PAC USAA Building San Antonio, TX 78288 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	3/17/93 2,000.00	2,000.00
D. USAir PAC 2345 Crystal Drive Arlington, VA 22227 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	5/17/93 1,000.00	1,000.00
E. USTeam PAC 100 West Putnam Avenue Greenwich, CT 06830 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	3/15/93 1,500.00	1,500.00
F. Union Pacific Fund PAC 555 13th Street, N.W. Washington, D.C. 20004 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	4/16/93 4,000.00	1,000.00
G. United Technologies PAC 1825 Eye Street, N.W., Suite 700 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	n/a n/a Aggregate Year-to-Date > $	3/11/93 1,500.00	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) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11c

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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
United Technologies PAC 1825 Eye Street, N.W., Suite 700 Washington, D.C. 20006	n/a	5/11/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Wachovia Bank of Georgia Fund 191 Peachtree Street, N.E. Atlanta, GA 30303	n/a	5/24/93	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walt Disney Co. Employees PAC 500 S. Buena Vista Street Burbank, CA 91521	n/a	4/12/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] 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**
Walt Disney Co. Employees PAC 500 S. Buena Vista Street Burbank, CA 91521	n/a	6/01/93	(1,000.00) redesignated
Receipt For: [x] Primary [ ] General [ ] 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**
Walt Disney Co. Employees PAC 500 S. Buena Vista Street Burbank, CA 91521	n/a	6/01/93	1,000.00 redesignated
Receipt For: [ ] Primary [x] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Washington PAC 444 N. Capitol St., N.W., Suite 712 Washington, D.C. 20001	n/a	3/18/93	1,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	5,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Washington PAC 444 N. Capitol St., N.W., Suite 712 Washington, D.C. 20001	n/a	5/28/93	4,000.00
Receipt For: [x] Primary [ ] General [ ] Other (specify):	Occupation: n/a	Aggregate Year-to-Date > $	5,000.00

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) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Watkins PAC P. O. Box 1738 Atlanta, GA 30371 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Wholesalers-Distributors PAC 1725 K Street, N.W. Washington, D.C 20006 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,500.00	Date (month, day, year) 4/01/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Wine & Spirits Wholesalers PAC 2033 M Street, N.W., Suite 400 Washington, D.C. 20036 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 4/02/93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Women's Pro-Israel PAC 2020 Pennsylvania Ave., N.W., #275 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,000.00	Date (month, day, year) 3/19/93	Amount of Each Receipt this Period 2,500.00
E. Full Name, Mailing Address and ZIP Code Women's Pro-Israel PAC 2020 Pennsylvania Ave., N.W., #275 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,000.00	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period 1,500.00
F. Full Name, Mailing Address and ZIP Code Women's Pro-Israel PAC 2020 Pennsylvania Ave., N.W., #275 Washington, D.C. 20006 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date > $ 5,000.00	Date (month, day, year) 4/23/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] 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) 243,788.01

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
NAIIPAC 2600 River Road Des Plaines, IL 60018 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/03/93	$1,000.00 $1,000.00
National American Wholesale Grocers' Assoc. PAC 201 Park Washington Court Falls Church, VA 22046 RECEIPT FOR: General	N/A N/A AGGREGATE YEAR TO DATE:	05/04/93	$1,000.00 $1,000.00
Barnett People for Better Government Inc. Federal 50 North Laura Street Jacksonville, FL 32202 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE: $454.55 refunded to joint committee 7/23/93	05/04/93	$454.55 $454.55
Allied-Signal Political Action Committee 1001 Pennsylvania Avenue NW Suite 700 Washington, DC 20004 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/04/93	$1,000.00 $1,000.00
Kerr-McGee Corporation Political Action Comm. Fed. Post Office Box 25861 Oklahoma City, OK 73125 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
The Dun & Bradstreet Political Action Committee 100 G Street NW, Suite 300 East Washington, DC 20001 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/04/93	$272.73 $272.73
	PAGE TOTAL:		$4,727.28 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Union Oil-Unocal Political Awareness Fund 1201 West Fifth Street Los Angeles, CA 90017 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/04/93	$1,000.00 $1,000.00
Credit Union Legislative Action Council 805 Fifteenth Street NW Suite 300 Washington, DC 20005 - 0220 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/04/93	$1,000.00 $1,000.00
Fluor Public Affairs Committee 3333 Michelson Drive Irvine, CA 92730 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/11/93	$2,000.00 $2,000.00
Ice Cream, Milk& Cheese Political Action Committee 888 16th Street NW Second Floor Washington, DC 20006 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/11/93	$500.00 $500.00
Skadden Arps Political Action Committee 1440 New York Avenue NW Washington, DC 20005 - 0021 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/12/93	$272.73 $272.73
Phillips Petroleum Company Political Action Comm. Phillips Building Sixteenth Floor Bartlesville, OK 74004 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/12/93	$1,000.66 $1,000.66

PAGE TOTAL: $5,773.39 MEMO

MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Furniture Political Action Committee Box 1003 High Point, NC 27261 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/12/93	$1,000.00 $1,000.00
American Maritime Officers Vol. Pol. Action Fund 650 Fourth Avenue Brooklyn, NY 11232 RECEIPT FOR: General	N/A N/A AGGREGATE YEAR TO DATE:	05/19/93	$3,000.00 $3,000.00
AGSHF Civic Action Committee 1333 New Hampshire Avenue NW Suite 400 Washington, DC 20036 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/19/93	$181.82 $181.82
E - Systems Corporate PAC Post Office Box 660248 Dallas, TX 75266 - 0024 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/19/93	$272.73 $272.73
Union Pacific Fund for Effective Government 555 Thirteenth Street NW Washington, DC 20004 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/19/93	$1,000.00 $3,000.00
Union Pacific Fund for Effective Government 555 Thirteenth Street NW Washington, DC 20004 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/19/93	$2,000.00 $3,000.00

PAGE TOTAL: $7,454.55 MEMO

MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Morrison-Knudsen Political Actio n Committee P.O. Box 7808 Boise, ID 83729 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/21/93	$272.73 $272.73
General Electric Co. Political A citon Committe 1331 Pennsylvania Ave., N.W. Washington, DC 20004 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/21/93	$1,000.00 $1,000.00
R.R. Donnelley & Sons Co. Politi cal Action Cmte. 77 West Wacker Drive Chicago, IL 60601 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/21/93	$1,000.00 $1,000.00
PTC-PAC Post Office Box 11588 Richmond, VA 23230 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/26/93	$1,250.00 $1,250.00
House PAC 1000 Connecticut Avenue, NW Suite 507 Washington, DC 20036 RECEIPT FOR: General	N/A N/A AGGREGATE YEAR TO DATE:	05/26/93	$1,000.00 $1,090.91
House PAC 1000 Connecticut Avenue, NW Suite 507 Washington, DC 20036 RECEIPT FOR: General	N/A N/A AGGREGATE YEAR TO DATE:	05/26/93	$90.91 $1,090.91
	PAGE TOTAL:		$4,613.64 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Asea Brown Boveri Emp Fund for E ffective Gov't 1101 15th Street, NW, Suite 500 Washington, DC 20005 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/26/93	$1,000.00 $1,181.82
Asea Brown Boveri Emp Fund for E ffective Gov't 1101 15th Street, NW, Suite 500 Washington, DC 20005 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/26/93	$181.82 $1,181.82
Lockheed Employees PAC 4500 Park Granada Boulevard Calabasas, CA 91399 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/28/93	$1,000.00 $1,000.00
Realtors PAC 430 North Michigan Avenue Chicago, IL 60611 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/28/93	$454.50 $454.50
Fleming Companies Committee for Responsible Gov't 6301 Waterford Boulevard Post Office Box 26647 Oklahoma City, OK 73126 - 0064 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	05/28/93	$1,500.00 $1,500.00
EXPAC Post Office Box 2180 Houston, TX 77001 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$1,000.00 $1,000.00
	PAGE TOTAL:		$5,136.32 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
NBWA PAC 1100 South Washington Street Alexandria, VA 22314 - 0449 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$2,000.00 $2,000.00
Savings & Community Bankers of A mer Campaign Cmte 900 19th Street, NW Suite 400 Washington, DC 20006 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$1,000.00 $1,000.00
Fort Howard PAC 1919 South Broadway Post Office Box 19130 Green Bay, WI 54307 - 0913 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$272.73 $272.73
Tenneco Employees Good Governmen t Fund 701 Pennsylvania Avenue, NW Suite 610 Washington, DC 20004 - 0260 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$500.00 $500.00
IMOPAC 3450 Princeton Pike Lawrenceville, NJ 08648 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$272.73 $272.73
Wholesaler-Distributor PAC 1725 K Street, NW Washington, DC 20006 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$500.00 $500.00

PAGE TOTAL: $4,545.46 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
US West PAC 1801 California Street Suite 3040 Denver, CO 80202 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$1,000.00 $1,000.00
LeBoeuf, Lamb, Leiby & MacRae PA C 1875 Connecticut Avenue, NW Suite 1200 Washington, DC 20009 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$272.73 $272.73
The Coca-Cola Co Nonpartisan Cmte for Good Govt Post Office Drawer 1734 Atlanta, GA 30301 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/07/93	$500.00 $500.00
Freeport-McMoRan Inc. Citizenship Committee 50 F Street, NW Suite 1050 Washington, DC 20001 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
Owens-Corning Better Government Fund Fiberglas Tower Toledo, OH 43659 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
InsurPAC 412 First Street, SE Suite 300 Washington, DC 20003 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00

PAGE TOTAL: $4,772.73 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
SymmsPAC Post Office 1663 Alexandria, VA 22313 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$272.73 $272.73
Reynolds Metals Co Political Participation Program 6601 West Broad Street Richmond, VA 23230 - 0170 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
Auction Markets PAC of the Chicago Board of Trade 141 West Jackson Boulevard Chicago, IL 60604 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$500.00 $500.00
Georgia Power Company Federal PAC Post Office Box 4545 Atlanta, GA 30302 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$500.00 $500.00
Wheelabrator Technologies Sensible Government Fund Liberty Lane Hampton, NH 03842 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
Air Products Political Alliance Post Office Box 441 Trexlertown, PA 18087 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
	PAGE TOTAL:		$4,272.73 MEMO

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MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
TRW Good Government Fund 1900 Richmond Road Cleveland, OH 44124 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
McDonnell Douglas Corp Good Gove rnment Fund 1735 Jefferson Davis Highway Suite 1200 Arlington, VA 22202 RECEIPT FOR: General	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
National Cattlemen's Association PAC 5420 South Quebec Street Post Office Box 3861 Englewood, CO 80155 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/21/93	$1,000.00 $1,000.00
Mobil Corporation PAC 3225 Gallow Road Fairfax, VA 22037 - 0000 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/23/93	$2,500.00 $2,500.00
Hopkins & Sutter Political Fund 888 16th Street, NW Washington, DC 20006 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/25/93	$500.00 $500.00
Civic Involvement Program/Genera l Motors 3044 West Grand Boulevard Detroit, MI 48202 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/30/93	$1,000.00 $1,000.00
	PAGE TOTAL:		$7,000.00 MEMO

930200708 19

MEMO SCHEDULE

SCHEDULE A — ITEMIZED RECEIPTS — LINE NUMBER 11C

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Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

FULL NAME, MAILING ADDRESS	EMPLOYER/OCCUPATION	DATE	AMOUNT
Philip Morris PAC 120 Park Avenue, 25th Floor New York, NY 10017 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/30/93	$1,000.00 $1,000.00
Anheuser-Busch PAC 1776 I Street, NW Suite 200 Washington, DC 20006 RECEIPT FOR: Primary	N/A N/A AGGREGATE YEAR TO DATE:	06/30/93	$272.73 $272.73

93020708020

PAGE TOTAL: $1,272.73 MEMO

TOTAL: $49,568.83 MEMO

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Warner-Nickles Committee
425 Second Street, N.E.
Washington, D.C. 20002

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

Name of Employer: n/a

Occupation: n/a

Date (month, day, year): 6/30/93

Aggregate Year-to-Date > $ 41,373.02

Amount of Each Receipt this Period: 41,373.02

B. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

C. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

D. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

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

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date > $

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 41,373.02

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Carroll Travel 201 Massachusetts Ave., N.E. Washington, D.C. 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer n/a - refund Occupation n/a Aggregate Year-to-Date > $ 782.00	Date (month, day, year) 5/11/93	Amount of Each Receipt this Period 782.00
B. Full Name, Mailing Address and ZIP Code Westin Galleria & Westin Oaks P. O. Box 4487 Houston, TX 77210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer n/a - refund Occupation n/a Aggregate Year-to-Date > $ 271.50	Date (month, day, year) 4/12/93	Amount of Each Receipt this Period 271.50
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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)	1,053.50

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 15

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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
First Florida Bank P. O. Box 1810 Tampa, FL 33601	n/a-interest	1/29/93	616.42
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	616.42
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
First Florida Bank P. O. Box 1810 Tampa, FL 33601	n/a-interest	2/28/93	690.39
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	1,306.81
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
First Florida Bank P. O. Box 1810 Tampa, FL 33601	n/a-interest	3/31/93	960.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	2,267.06
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	n/a-interest	4/30/93	958.01
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	958.01
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bank of Tampa P. O. Box 1 Tampa, FL 33601	n/a-interest	5/28/93	5.72
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	5.72
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	n/a-interest	5/28/93	729.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	1,687.41
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bank of Tampa P. O. Box 1 Tampa, FL 33601	n/a-interest	6/30/93	1,356.68
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation n/a	Aggregate Year-to-Date $	1,362.40

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 Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer n/a-interest Occupation n/a Aggregate Year-to-Date > $ 1,721.84	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period 34.43
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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)	5,351.30

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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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/04/93	703.50
B. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/04/93	Amount of Each Disbursement This Period 1,682.95
C. Full Name, Mailing Address and ZIP Code Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/04/93	Amount of Each Disbursement This Period 2,939.92
D. Full Name, Mailing Address and ZIP Code Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	Purpose of Disbursement office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/04/93	Amount of Each Disbursement This Period 405.00
E. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/04/93	Amount of Each Disbursement This Period 1,304.66
F. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/05/93	Amount of Each Disbursement This Period 44.10
G. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/05/93	Amount of Each Disbursement This Period 316.34
H. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/05/93	Amount of Each Disbursement This Period 63.90
I. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/05/93	Amount of Each Disbursement This Period 716.35

SUBTOTAL of Disbursements 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 Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/05/93	1,972.59
B. Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/05/93	2,111.18
C. Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/05/93	2,380.28
D. Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/05/93	66.69
E. U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/05/93	58.00
F. Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/08/93	1,890.53
G. Carlos Salman 7839 S.W. 83rd Court Miami, FL 33143	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/08/93	450.00
H. Carlos Salman 7839 S.W. 83rd Court Miami, FL 33143	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/08/93	902.58
I. Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	political consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/11/93	6,541.50

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

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

9302007082 6

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	280.00
B. Pitney Bowes P. O. Box 22126 Tampa, FL 33622	office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	181.54
C. GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	450.94
D. W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	978.88
E. United Parcel Service P. O. Box 593771 Orlando, FL 32859	delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	26.25
F. Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	11.50
G. J. Everitt Drew 215 Delta Court Tallahassee, FL 32303	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	377.54
H. U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	1,000.00
I. U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	145.00

SUBTOTAL of Disbursements 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 Page

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FOR LINE NUMBER 17

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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
Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/14/93	402.78
B. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/14/93	Amount of Each Disbursement This Period 37.33
C. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	Purpose of Disbursement permit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/14/93	Amount of Each Disbursement This Period 75.00
D. Full Name, Mailing Address and ZIP Code Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/14/93	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/15/93	Amount of Each Disbursement This Period 9.00
F. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/15/93	Amount of Each Disbursement This Period 1,682.95
G. Full Name, Mailing Address and ZIP Code Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/15/93	Amount of Each Disbursement This Period 703.50
H. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/18/93	Amount of Each Disbursement This Period 522.00
I. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	Purpose of Disbursement direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/21/93	Amount of Each Disbursement This Period 6,534.00

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

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

9 3 0 2 0 7 0 3 2 8

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
From the Oven 475 N.E. 20th Street Boca Raton, FL 33431	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/21/93	769.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Katherine Dickenson 1240 Cocoanut Road Boca Raton, FL 33432	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	272.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	464.78
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	10,035.20
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	2,973.06
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CompuCom Systems One Urban Center Tampa, FL 33609	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	256.62
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	18.91
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	48.03
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	716.35

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	63.90
B. Full Name, Mailing Address and ZIP Code Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	115.29
C. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	13.00
D. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	5,220.55
E. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/27/93	85.08
F. Full Name, Mailing Address and ZIP Code Modern World Exports 33 N.E. 2nd Street Deerfield Beach, FL 33441	void check 9/16/88 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/93	(600.00)
G. Full Name, Mailing Address and ZIP Code Seminole Work Opportunity Prog 3422 S. Orlando Drive Sanford, FL 32771	void check 10/19/88 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/93	(208.68)
H. Full Name, Mailing Address and ZIP Code John Humphreville 3211 Empedrado Street Tampa, FL 33629	void check 10/27/88 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/93	(229.59)
I. Full Name, Mailing Address and ZIP Code Marriott Westshore 1001 N. Westshore Blvd. Tampa, FL 33607	void check 12/17/88 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/93	(397.50)

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
13	GTE 610 Morgan St. Tampa, FL 33602	void check 3/23/89 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/93	(345.65)
	B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	First Florida Bank P. O. Box 1810 Tampa, FL 33601	bank charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/93	5.00
	C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	405.00
13	D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	2,939.92
07	E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	69.36
23	F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	738.18
93	G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	1,912.55
	H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	459.20
	I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/01/93	229.71

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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
13	Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/02/93	7,351.31
14	B. Full Name, Mailing Address and ZIP Code Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	Purpose of Disbursement expense advance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/04/93	Amount of Each Disbursement This Period 1,000.00
15	C. Full Name, Mailing Address and ZIP Code Max Singer 5400 Greystone Street Chevy Chase, MD 20815	Purpose of Disbursement consulting services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/05/93	Amount of Each Disbursement This Period 13,333.33
16	D. Full Name, Mailing Address and ZIP Code Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	Purpose of Disbursement political consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/08/93	Amount of Each Disbursement This Period 8,724.23
17	E. Full Name, Mailing Address and ZIP Code First Florida Bank P. O. Box 1810 Tampa, FL 33601	Purpose of Disbursement payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/08/93	Amount of Each Disbursement This Period 3,411.02
18	F. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	Purpose of Disbursement direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/10/93	Amount of Each Disbursement This Period 1,782.00
19	G. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/11/93	Amount of Each Disbursement This Period 38.38
	H. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/11/93	Amount of Each Disbursement This Period 229.88
	I. Full Name, Mailing Address and ZIP Code Carroll Travel 201 Massachusetts Ave., NE Washington, DC 20002	Purpose of Disbursement travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/11/93	Amount of Each Disbursement This Period 171.00

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
13	Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/11/93	57.00
13	B. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	Purpose of Disbursement direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/11/93	Amount of Each Disbursement This Period 7,342.27
13	C. Full Name, Mailing Address and ZIP Code Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/16/93	Amount of Each Disbursement This Period 738.18
13	D. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/16/93	Amount of Each Disbursement This Period 1,912.55
13	E. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	Purpose of Disbursement direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/18/93	Amount of Each Disbursement This Period 3,366.00
13	F. Full Name, Mailing Address and ZIP Code Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/22/93	Amount of Each Disbursement This Period 1,000.00
13	G. Full Name, Mailing Address and ZIP Code Harry B. Smith 701 Brickell Ave., Ste. 1900 Miami, FL 33131	Purpose of Disbursement reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/22/93	Amount of Each Disbursement This Period 1,057.61
	H. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	Purpose of Disbursement direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/25/93	Amount of Each Disbursement This Period 5,940.00
	I. Full Name, Mailing Address and ZIP Code First Florida Bank P. O. Box 1810 Tampa, FL 33601	Purpose of Disbursement income taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/25/93	Amount of Each Disbursement This Period 1,202.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary	2/26/93	1,912.55
B. Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary	2/26/93	738.18
C. Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	office rent	2/26/93	405.00
D. Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	salary	2/26/93	2,939.92
E. U. S. Postmaster Tampa, FL 33601	postage	3/01/93	1,000.00
F. First Florida Bank P. O. Box 1810 Tampa, FL 33601	payroll taxes	3/04/93	7,146.86
G. Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense	3/04/93	24.50
H. Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	printing	3/04/93	1,284.40
I. USA Direct 4075 N. George St. Manchester, PA 17345	direct mail services	3/04/93	10,876.50

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pitney Bowes P. O. Box 22126 Tampa, FL 33622	equipment expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	292.34
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	600.74
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	116.14
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	258.02
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	117.92
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P. O. Box 593771 Orlando, FL 32859	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	9.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ed Droste 1700 McMullen Booth Rd. Clearwater, FL 34619	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	546.25
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rawlings, Inc. P. O. Box 22000 St. Louis, MO 63126	baseballs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	224.07
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Alexander & McGregor 1730 K Street, N.W. Washington, D.C. 20006	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/04/93	607.34

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/04/93	Amount of Each Disbursement This Period 63.90
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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/04/93	Amount of Each Disbursement This Period 716.35
C. Full Name, Mailing Address and ZIP Code Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	Purpose of Disbursement printing expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/04/93	Amount of Each Disbursement This Period 172.53
D. Full Name, Mailing Address and ZIP Code Nat'l Republican Senatorial Cm 440 First St., NW, Suite 600 Washington, DC 20001	Purpose of Disbursement direct mail expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/04/93	Amount of Each Disbursement This Period 38.00
E. Full Name, Mailing Address and ZIP Code Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	Purpose of Disbursement political consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/08/93	Amount of Each Disbursement This Period 6,589.70
F. Full Name, Mailing Address and ZIP Code Larry Harris 517 Hart Senate Office Bldg. Washington, DC 20510	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/08/93	Amount of Each Disbursement This Period 409.06
G. Full Name, Mailing Address and ZIP Code Kelly A. Guesnier 428 3rd st., NE, #401 Washington, DC 20002	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/08/93	Amount of Each Disbursement This Period 1,326.28
H. Full Name, Mailing Address and ZIP Code Carroll Travel 201 Massachusetts Ave., NE Washington, DC 20002	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/08/93	Amount of Each Disbursement This Period 1,564.00
I. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/11/93	Amount of Each Disbursement This Period 736.72

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	11.50
B. Full Name, Mailing Address and ZIP Code Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	2,000.00
C. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	box rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	93.00
D. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	47.00
E. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	47.50
F. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	226.46
G. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	261.31
H. Full Name, Mailing Address and ZIP Code The Washington Court 525 New Jersey Ave., N.W. Washington, D.C. 20001	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	500.00
I. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	2,680.49

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	2,904.72
B. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	3,233.53
C. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	4,158.00
D. Full Name, Mailing Address and ZIP Code Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/12/93	3,691.03
E. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/15/93	285.93
F. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/16/93	1,912.55
G. Full Name, Mailing Address and ZIP Code Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/16/93	738.18
H. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/17/93	558.42
I. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	1,406.42

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	115.29
B. Full Name, Mailing Address and ZIP Code Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	243.78
C. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	103.00
D. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	2,757.91
E. Full Name, Mailing Address and ZIP Code Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	43.68
F. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	32.28
G. Full Name, Mailing Address and ZIP Code Lion Recording Services, Inc. P. O. Box 1639 Springfield, VA 22151	tapes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	738.00
H. Full Name, Mailing Address and ZIP Code Epicurean Associates 228 S. Adams Street Tallahassee, FL 32301	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	497.55
I. Full Name, Mailing Address and ZIP Code Ruth Cymber 370 Russell Senate Off. Bldg Washington, D.C. 20510	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	440.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 16 OF 32 | FOR LINE NUMBER 17

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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
Carroll Travel 201 Massachusetts Ave., NE Washington, DC 20002	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/93	473.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GTE Communications, Inc 1907 U.S. Hwy. 301 North Tampa, FL 33619	equipment expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/19/93	224.34
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CompuCom Systems One Urban Center Tampa, FL 33609	office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	4,998.59
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P. O. Box 593771 Orlando, FL 32859	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	9.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	56.25
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	45.50
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	58.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	83.60
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Omni Tampa Hotel 700 N. Westshore Blvd. Tampa, FL 33607	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	1,206.13

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	63.94
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Registry Resort 475 Seagate Drive Naples, FL 33963	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	1,003.14
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nat'l Republican Senatorial Cm 440 First St., NW, Suite 600 Washington, DC 20001	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	255.49
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	63.90
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael A. Gaines 7803 Buryl Court Temple Terrace, FL 33637	travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	88.17
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	29.06
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	84.93
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	257.95
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/01/93	738.18

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/01/93	1,912.55
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Medical Asso. Services, Inc. 606 S. Boulevard Tampa, FL 33606	mailing labels Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/01/93	532.50
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/01/93	3,053.52
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lanier Worldwide, Inc. P. O. Box 105533 Atlanta, GA 30348	office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/02/93	575.84
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/05/93	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	political consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/05/93	16,582.67
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/06/93	4,997.82
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Computerland 5411 Beaumont Center Blvd. Tampa, FL 33634	office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/06/93	266.25
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/08/93	167.00

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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 Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	Purpose of Disbursement payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 1,161.95
B. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 3,236.30
C. Full Name, Mailing Address and ZIP Code Mitch B. Bainwol 517 Hart Senate Office Bldg. Washington, DC 20510	Purpose of Disbursement travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 689.80
D. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 672.34
E. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 25.25
F. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 65.00
G. Full Name, Mailing Address and ZIP Code Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 782.78
H. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 156.59
I. Full Name, Mailing Address and ZIP Code Pitney Bowes P. O. Box 22126 Tampa, FL 33622	Purpose of Disbursement office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 190.04

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE 610 Morgan St. Tampa, FL 33602	telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/08/93	272.04
B. Full Name, Mailing Address and ZIP Code U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	Purpose of Disbursement meeting expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/08/93	Amount of Each Disbursement This Period 200.00
C. Full Name, Mailing Address and ZIP Code Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/15/93	Amount of Each Disbursement This Period 738.18
D. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/15/93	Amount of Each Disbursement This Period 1,912.55
E. Full Name, Mailing Address and ZIP Code U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	Purpose of Disbursement meeting expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/15/93	Amount of Each Disbursement This Period 49.34
F. Full Name, Mailing Address and ZIP Code U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	Purpose of Disbursement travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/15/93	Amount of Each Disbursement This Period 3,977.06
G. Full Name, Mailing Address and ZIP Code Nat'l Republican Senatorial Cm 440 First St., NW, Suite 600 Washington, DC 20001	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/20/93	Amount of Each Disbursement This Period 56.25
H. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/20/93	Amount of Each Disbursement This Period 9.00
I. Full Name, Mailing Address and ZIP Code Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/20/93	Amount of Each Disbursement This Period 151.38

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New England Press, Inc. 1200 Wake Forest Drive Alexandria, VA 22307	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/93	556.50
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/93	28.36
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/93	4,817.75
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/93	2,574.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/22/93	351.71
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ridgewell's Caterer, Inc. 5525 Dorsey Lane Bethesda, MD 20816	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	1,567.37
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	679.18
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	220.32
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	28.35

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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 Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/23/93	Amount of Each Disbursement This Period 56.58
B. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/23/93	Amount of Each Disbursement This Period 25.25
C. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/23/93	Amount of Each Disbursement This Period 52.49
D. Full Name, Mailing Address and ZIP Code Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/23/93	Amount of Each Disbursement This Period 1,000.00
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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/29/93	Amount of Each Disbursement This Period 1,139.21
F. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/29/93	Amount of Each Disbursement This Period 137.73
G. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/29/93	Amount of Each Disbursement This Period 138.36
H. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/29/93	Amount of Each Disbursement This Period 34.50
I. Full Name, Mailing Address and ZIP Code Pitney Bowes P. O. Box 22126 Tampa, FL 33622	Purpose of Disbursement office equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/29/93	Amount of Each Disbursement This Period 187.12

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/30/93	738.18
B. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/30/93	Amount of Each Disbursement This Period 1,912.55
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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/03/93	Amount of Each Disbursement This Period 7,517.42
D. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/04/93	Amount of Each Disbursement This Period 328.60
E. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/06/93	Amount of Each Disbursement This Period 51.50
F. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/06/93	Amount of Each Disbursement This Period 14.75
G. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/06/93	Amount of Each Disbursement This Period 922.61
H. Full Name, Mailing Address and ZIP Code Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	Purpose of Disbursement payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/06/93	Amount of Each Disbursement This Period 3,485.58
I. Full Name, Mailing Address and ZIP Code Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	Purpose of Disbursement acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/11/93	Amount of Each Disbursement This Period 2,719.78

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/13/93	868.83
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	738.18
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	1,912.55
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	3,403.65
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	31.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Sandifer 2145 Dennis St. Jacksonville, FL 32203	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	9.57
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	meeting expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/17/93	279.83
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/19/93	688.81

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	38.38
B. Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	732.72
C. Governors Club P. O. Box 10568 Tallahassee, FL 32302	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	3,860.48
D. Favorite Studios 1830 Kings Avenue Jacksonville, FL 32207	photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	532.50
E. Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	120.00
F. U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	750.00
G. Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	121.69
H. Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	31.00
I. Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/21/93	3,805.92

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. GTE 610 Morgan St. Tampa, FL 33602	telephone	5/21/93	35.32
B. GTE 610 Morgan St. Tampa, FL 33602	telephone	5/21/93	82.60
C. Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing	5/27/93	244.10
D. Kessler & Associates 709 2nd Street, N.E., #200 Washington, D.C. 20002	reception expense	5/27/93	981.00
E. New England Press, Inc. 1200 Wake Forest Drive Alexandria, VA 22307	printing	5/27/93	1,039.86
F. Pitney Bowes P. O. Box 22126 Tampa, FL 33622	office equipment	5/27/93	321.23
G. Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery	5/27/93	13.00
H. Lanier Worldwide, Inc. P. O. Box 105533 Atlanta, GA 30348	office equipment	5/27/93	575.84
I. Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	reception expense	5/27/93	3,956.69

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
15	Austin Development Co. P. O. Box 22197 Tampa, FL 33622	office rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/27/93	63.90
16	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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/27/93	Amount of Each Disbursement This Period 958.27
17	C. Full Name, Mailing Address and ZIP Code Commerce Club 34 Broad Street, N.E. Atlanta, GA 30303	Purpose of Disbursement reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/27/93	Amount of Each Disbursement This Period 404.38
18	D. Full Name, Mailing Address and ZIP Code Barnett Bank, N.A. P. O. Box 30014 Tampa, FL 33630	Purpose of Disbursement bank charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/28/93	Amount of Each Disbursement This Period 20.00
19	E. Full Name, Mailing Address and ZIP Code Michael A. Gaines 7803 Buryl Court Temple Terrace, FL 33637	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 303.95
20	F. Full Name, Mailing Address and ZIP Code Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 738.18
21	G. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 1,912.55
	H. Full Name, Mailing Address and ZIP Code Tim Webber Catering 300 E. South Street Orlando, FL 32801	Purpose of Disbursement reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 1,590.00
	I. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 120.00

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/01/93	2,772.00
B. Full Name, Mailing Address and ZIP Code Arthur J. Finklestein & Assoc. 16 N. Astor Irving, NY 10533	Purpose of Disbursement political consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/01/93	Amount of Each Disbursement This Period 6,577.98
C. Full Name, Mailing Address and ZIP Code United Parcel Service P. O. Box 593771 Orlando, FL 32859	Purpose of Disbursement delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/02/93	Amount of Each Disbursement This Period 8.51
D. Full Name, Mailing Address and ZIP Code U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/02/93	Amount of Each Disbursement This Period 5,250.79
E. Full Name, Mailing Address and ZIP Code A T & T P. O. Box 105501 Atlanta, GA 30348	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 253.50
F. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 59.50
G. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 58.00
H. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 325.66
I. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 134.88

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Nationwide Insurance 1805 N. Westshore Blvd. Tampa, FL 33607	insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/07/93	834.25
B. Full Name, Mailing Address and ZIP Code U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	reception expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/07/93	81.31
C. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/08/93	1,161.86
D. Full Name, Mailing Address and ZIP Code Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/09/93	2,970.00
E. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/09/93	27.00
F. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/11/93	260.00
G. Full Name, Mailing Address and ZIP Code Robert Watkins & Co., PA 610 S. Boulevard Tampa, FL 33606	acct. and mgmt. services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/14/93	3,297.93
H. Full Name, Mailing Address and ZIP Code Zephyrhills Water Co. 3919 Highland Avenue Tampa, FL 33603	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/14/93	32.28
I. Full Name, Mailing Address and ZIP Code Michael A. Gaines 7803 Buryl Court Temple Terrace, FL 33637	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/16/93	455.92

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Dubin 4403 W. Estrella Tampa, FL 33629	salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/16/93	738.18
B. Full Name, Mailing Address and ZIP Code W. James Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Purpose of Disbursement salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/16/93	Amount of Each Disbursement This Period 1,912.55
C. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement delivery expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/17/93	Amount of Each Disbursement This Period 29.25
D. Full Name, Mailing Address and ZIP Code GTE 610 Morgan St. Tampa, FL 33602	Purpose of Disbursement telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/17/93	Amount of Each Disbursement This Period 64.95
E. Full Name, Mailing Address and ZIP Code Austin Development Co. P. O. Box 22197 Tampa, FL 33622	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/17/93	Amount of Each Disbursement This Period 297.20
F. Full Name, Mailing Address and ZIP Code Printing One 798-C Downtowner Blvd. Mobile, AL 36609	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/17/93	Amount of Each Disbursement This Period 273.59
G. Full Name, Mailing Address and ZIP Code U. S. Postmaster Tampa, FL 33601	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/22/93	Amount of Each Disbursement This Period 203.00
H. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement bank charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/30/93	Amount of Each Disbursement This Period 11.20
I. Full Name, Mailing Address and ZIP Code Bank of Tampa P. O. Box 1 Tampa, FL 33601	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/30/93	Amount of Each Disbursement This Period 1,074.25

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
15	Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	3,364.38
16	Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	1,095.88
17	Direct Mail Systems, Inc P. O. Box 21688 St. Petersburg, FL 33702	direct mail services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	3,169.32
18	H & M Printing P. O. Box 1421 Altamonte Springs FL 32715	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	413.88
19	Rinaldi Printing Co. 4514 Adamo Drive Tampa, FL 33605	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	772.13
20	Kwik Kopy 1408 N. Westshore Blvd. Tampa, FL 33607	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	131.00
21	GTE 610 Morgan St. Tampa, FL 33602	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	96.84
22	Workplace 3912 W. Hillsborough Ave. Tampa, FL 33614	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	62.97
23	A T & T P. O. Box 105501 Atlanta, GA 30348	telephone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	257.59

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CompuCom Systems One Urban Center Tampa, FL 33609	office expense	6/30/93	256.86
B. Full Name, Mailing Address and ZIP Code U. S. Senate Restaurant First and C Streets, N.E. Washington, DC 20510	meeting expense	6/30/93	166.87
C. Full Name, Mailing Address and ZIP Code U. S. Senator Connie Mack 517 Hart Senate Off. Bldg. Washington, DC 20510	travel expense	6/30/93	1,368.00
D. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Warren F. Bateman P. O. Box 55-7395 Miami, FL 33255	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	52.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R. R. M. Carpenter, Jr. P. O. Box 25 Montchanin, DE 19710	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
W. B. Copeland 2729 Forest Circle Jacksonville, FL 32217	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Philip B. Crosby P. O. Box 1927 Winter Park, FL 32790	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	320.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vernon E. Crosell 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John F. Donahue 1054 Beechwood Blvd. Pittsburgh, PA 15206	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen F. Foreman 305 Douglas Ave. Altamonte Springs FL 32714	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Erik Hvide 1424 N. Ocean Blvd. Gulfstream, FL 33483	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucy B. Jensen 4335 Whitney St. Jacksonville, FL 32211	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	200.00

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

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FOR LINE NUMBER 20a

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Carl W. Lentz, II, M.D. 2411 N. Halifax Daytona Beach, FL 32018	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	300.00
B. Full Name, Mailing Address and ZIP Code Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	340.00
C. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	100.00
D. Full Name, Mailing Address and ZIP Code John W. Schmitz 3750 NW 87th Ave., #600 Miami, FL 33178	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	25.00
E. Full Name, Mailing Address and ZIP Code Steven L. Scott 508 N. Rainbow Drive Hollywood, FL 33021	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	200.00
F. Full Name, Mailing Address and ZIP Code Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	525.00
G. Full Name, Mailing Address and ZIP Code Rudy E. Small 6607 Ridgewood Drive Naples, FL 33963	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	100.00
H. Full Name, Mailing Address and ZIP Code Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	250.00
I. Full Name, Mailing Address and ZIP Code George M. Steinbrenner, III 2502 Rocky Point Road Tampa, FL 33607	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	800.00

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ben H. Wilkinson P. O. Box 13527 Tallahassee, FL 32317	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	60.00
B. Leonard Pepper 310 W. Jefferson Street Tallahassee, FL 32301	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/93	75.00
C. Glenn Stinson 13387 Rosewood Lane Naples, FL 33999	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/93	1,000.00
D. Lavina J. Stinson 13387 Rosewood Lane Naples, FL 33999	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/93	1,500.00
E. John A. Porter 1124 N. Lakeshore Drive Sarasota, FL 34231	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/93	200.00
F. Mrs. Horace D. Klein 6807 Turban Court Ft. Myers, FL 33908	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/93	1,250.00
G. Roland Erickson 1285 Gulf Shore Blvd., N. Naples, FL 33940	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/93	100.00
H. R. R. M. Carpenter, Jr. P. O. Box 25 Montchanin, DE 19710	void check Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/05/93	(100.00)
I. Kenneth Stern P. O. Box 3878 Boca Raton, FL 33427	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	125.00

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anthony D. Migliore 3949 Evans Ave., Suite 102 Ft. Myers, FL 33901	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/11/93	500.00
B. Full Name, Mailing Address and ZIP Code Lawrence Evans P. O. Box 25187 Sarasota, FL 34273	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/11/93	Amount of Each Disbursement This Period 125.00
C. Full Name, Mailing Address and ZIP Code William R. Becker P. O. Box 1240 Ft. Pierce, FL 33454	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/22/93	Amount of Each Disbursement This Period 400.00
D. Full Name, Mailing Address and ZIP Code Thomas L. Hammond 1000 Lowry St., #5D Delray Beach, FL 33483	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/22/93	Amount of Each Disbursement This Period 700.00
E. Full Name, Mailing Address and ZIP Code Tom L. Hansberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/22/93	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Jorge L. Mas 6305 S.W. 128th Street Miami, FL 33156	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/22/93	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code William R. Williams 861 Laurel Drive Lake Park, FL 33403	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/22/93	Amount of Each Disbursement This Period 225.00
H. Full Name, Mailing Address and ZIP Code Glorida Friedman 7610 S.W. 133rd Street Miami, FL 33156	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/25/93	Amount of Each Disbursement This Period 858.00
I. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Dr., #2702 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/25/93	Amount of Each Disbursement This Period 70.00

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 5 OF 8 | 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
William D. Horvitz One East Borward Blvd. Ft. Lauderdale, FL 33301	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. M. Snow, Jr. P. O. Box 8529 Orlando, FL 32856	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	70.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John W. Boyle 7 N. Pine Circle Belleair, FL 34616	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	350.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R. Huston Babcock, M.D. 741 12th St., N. St. Petersburg, FL 33705	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/25/93	90.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William A. Hunt P. O. Box 6068 Pensacola, FL- 32503	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/08/93	400.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shoshannah Stein 1745 52nd Street Brooklyn, NY 11204	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/08/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R. Huston Babcock, M.D. 741 12th St., N. St. Petersburg, FL 33705	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	240.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen R. Kirby One Beach Dr., #2702 St. Petersburg, FL 33701	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	130.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vernon T. L. Eriksson P. O. Box 878 Captiva, FL 33924	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	450.00

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Eleanor M. Katz 4500 Lincoln Street Hollywood, FL 33021	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/23/93	870.35
B. Full Name, Mailing Address and ZIP Code Harry B. Smith 701 Brickell Ave., Ste. 1900 Miami, FL 33131	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	57.61
C. Full Name, Mailing Address and ZIP Code Nelson Ramiz 8225 Los Pinos Circle Coral Gables, FL 33143	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	500.00
D. Full Name, Mailing Address and ZIP Code Muriel Russell One Palm Bay Ct., #11N Miami, FL 33138	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Manuel C. del Valle 9195 S.W. 128th Lane Miami, FL 33178	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/03/93	1,000.00
F. Full Name, Mailing Address and ZIP Code Richard K. Thorndike 1000 Vicars Landing Way Ponte Vedra Beach FL 33082	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/08/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Warren P. Powers 4949 Mariners Point Drive Jacksonville, FL 32207	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/09/93	50.00
H. Full Name, Mailing Address and ZIP Code Mary Ashmore 11370 Meadowland Circle Boynton Beach, FL 33436	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/09/93	500.00
I. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 95002 Lakeland, FL 33804	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/09/93	250.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pan T. Courtelis 3612 Bayview Road Coconut Grove, FL 33133	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/17/93	525.00
B. Full Name, Mailing Address and ZIP Code Donald R. Dizney P. O. Box 1100 Windermere, FL 34786	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/24/93	340.00
C. Full Name, Mailing Address and ZIP Code Arthur B. Choate 60 Casurina Concourse Coral Gables, FL 33143	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Donald R. Dizney P. O. Box 1100 Windermere, FL 34786	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	160.00
E. Full Name, Mailing Address and ZIP Code David Eller 281 S.E. 18th Avenue Deerfield Beach, FL 33441	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	550.00
F. Full Name, Mailing Address and ZIP Code John R. Hood, Jr., M.D. 120 Gatlin Drive Orlando, FL 32806	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	80.00
G. Full Name, Mailing Address and ZIP Code Paul I. Meli, III, M.D. 2151 E. Commerical Blvd. Ft. Lauderdale, FL 33308	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	600.00
H. Full Name, Mailing Address and ZIP Code Miccosukee Tribe of Indians P. O. Box 440021 Miami, FL 33144	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	1,300.00
I. Full Name, Mailing Address and ZIP Code Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	10.13

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 Reva B. Dauer 9999 Collins Ave., #P5B Bal Harbour, FL 33154	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/30/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)			26,093.09

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EDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Barnett People for Better Gov. P. O. Box 5257 Tallahassee, FL 32314	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/14/93	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code Campaign America 919 Prince Street Alexandria, VA 22314	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/03/93	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	1,200.00

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EDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Kay Bailey Hutchinson for Sen. 800 Brazos St., Suite 1200 Austin, TX 78703	Purpose of Disbursement contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/12/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	1,000.00

93020070866

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans
(Debts owed to the Committee)

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (in Full) FRIENDS OF CONNIE MACK	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor GTE 610 Morgan St. Tampa, FL 33602	4,650.00	-0-	-0-	4,650.00
Nature of Debt (Purpose): Telephone service deposit				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Zephyrhills Water Company 3919 N. Highland Avenue Tampa, FL 33603	32.00	-0-	-0-	32.00
Nature of Debt (Purpose): Water deposit				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				4,682.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				4,682.00

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Connie Mack				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor USA Direct, Inc. 4075 N. Georgia St. (Extended) Manchester, PA 17345	10,269.16	607.34	10,876.50	-0-
Nature of Debt (Purpose): Direct mail services				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

93020070868

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

7378398834

AIRBILL PACKAGE TRACKING NUMBER 7378398834

7378398834

RECIPIENT'S COPY

1 Date 7/26/93

From (Your Name) Please Print: Robert I. Watkins, Treas. | Your Phone Number (Very Important): (813)254-3369

Company: Friends of Connie Mack | Department/Floor No.:

Street Address: 610 South Boulevard

City: Tampa, FL | State: | ZIP Required: 33606

2 To (Recipient's Name) Please Print: Secretary of the Senate) | Recipient's Phone Number (Very Important):

Company: Office of Public Records | Department/Floor No.:

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.): 232 Hart Senate Office Building

City: Washington, DC | State: | ZIP Required: 20510

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

H IF HOLD FOR PICK-UP, Print FEDEX Address Here
Street Address:
City: | State: | ZIP Required:

3 PAYMENT 1 ☐ Bill Sender 2 ☐ Bill Recipient's FedEx Acct. No. 3 ☒ Bill 3rd Party FedEx Acct. No. 4 ☐ Bill Credit Card
5 ☐ Cash/Check [redacted]

4 SERVICES (Check only one box)

Priority Overnight (Delivery by next business morning†)
11 ☐ OTHER PACKAGING
16 ☐ FEDEX LETTER*
12 ☐ FEDEX PAK*
13 ☐ FEDEX BOX
14 ☐ FEDEX TUBE

Standard Overnight (Delivery by next business afternoon, No Saturday delivery††)
51 ☐ OTHER PACKAGING
56 ☐ FEDEX LETTER*
52 ☐ FEDEX PAK*
53 ☒ FEDEX BOX
54 ☐ FEDEX TUBE

Economy Two-Day (Delivery by second business day †)
30 ☐ ECONOMY

Government Overnight (Restricted for authorized users only)
46 ☐ GOVT LETTER
41 ☐ GOVT PACKAGE

Freight Service (for packages over 150 lbs.)
70 ☐ OVERNIGHT FREIGHT** (Confirmed, reservation required)
80 ☐ TWO-DAY FREIGHT**
†Delivery commitment may be later in some areas.
*Declared Value Limit $500. **Call for delivery schedule.

5 DELIVERY AND SPECIAL HANDLING (Check services required)

HOLD FOR PICK-UP (Fill in Box H) { 1 ☐ WEEKDAY or 31 ☐ SATURDAY
DELIVER { 2 ☒ WEEKDAY or 3 ☐ SATURDAY (Extra charge) (Not available to all locations)
4 ☐ DANGEROUS GOODS (Extra charge)
5 ☐
6 ☐ DRY ICE Dangerous Goods Shipper's Declaration not required
Dry Ice, 9, UN 1845, ____ x ____ kg, III
7 ☐ OTHER SPECIAL SERVICE
9 ☐ SATURDAY PICK-UP (Extra charge)
☐
12 ☐ HOLIDAY DELIVERY (If offered) (Extra charge)

6 PACKAGES | WEIGHT In Pounds Only | YOUR DECLARED VALUE (See right)
Total | Total | Total

DIM SHIPMENT (Chargeable Weight)
☐ ____ lbs.
L x W x H

Received At
1 ☐ Regular Stop 3 ☐ Drop Box
2 ☐ Go Call Stop 4 ☐ B.S.C. 5 ☐ Station

7 Release Signature:

Emp. No. | Date
☐ Cash Received
☐ Return Shipment
☐ Third Party ☐ Chg. To Del. ☐ Chg. To Hold
Street Address
City | State | Zip
Received By: X
Date/Time Received | FedEx Employee Number

Federal Express Use
Base Charges
Declared Value Charge
Other 1
Other 2
Total Charges

REVISION DATE 5/92
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WALTER J. STEWART
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-711
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

93020070870

THE PRECEDING DOCUMENT(S) WAS:

_____ HAND DELIVERED _____
Date of Receipt

_____ INSIDE MAIL _____
Date of Receipt

_____ RECEIVED FROM THE HOUSE OFFICE OF RECORDS AND REGISTRATIONS _____
Date of Receipt

_____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

_____ FIRST CLASS MAIL _____
Postmarked

_____ REGISTERED/CERTIFIED MAIL _____
Postmarked

_____ NO POSTMARK

_____ POSTMARK ILLEGIBLE

/ OTHER Federal Express POSTMARK _____

AND/OR DATE OF RECEIPT July 27, 1993