

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Mark Foley

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	169471.00	629660.67
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	169471.00	629660.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	132203.16	449311.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1932.93
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	132203.16	447378.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2405030.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Mark Foley

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

61850.00

277903.25

(ii) Unitemized.....

12121.00

42044.00

(iii) TOTAL of contributions

73971.00

319947.25

from individuals..... ▶

0.00

132.42

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

95500.00

309581.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

169471.00

629660.67

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

1932.93

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

14184.71

49127.82

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

183655.71

680721.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	132203.16	449311.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	15000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	3700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	132203.16	468011.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2353578.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	183655.71
25. SUBTOTAL (add Line 23 and Line 24).....	2537233.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	132203.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2405030.76

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

Name of Candidate Mark Foley		Candidate ID Number H4FL16021
Name of Principal Campaign Committee Friends of Mark Foley		Committee ID Number C C00289140
Committee Address 1316 Lake Victoria Dr		
City Lake Worth	State FL	ZIP 33461-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	604721.42	76000.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	604721.42	76000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Mark Foley

Full Name (Last, First, Middle Initial) A. Hal Bashein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 2051 45th Street, Suite 203		Transaction ID: 60112.C25442	
City State Zip Code W Palm Beach FL 33407		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Marvin Arenstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 6432 Lake Worth Road		Transaction ID: 60112.C25510	
City State Zip Code Lake Worth FL 33463		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Physician			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Gerold Schiebler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 408 Beachside Villas		Transaction ID: 60112.C25255	
City State Zip Code Amelia Island FL 32034-6551		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Health Care Consultant			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Donald Carson

Mailing Address One North Clematis Street
Suite 200

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Occupation
Florida Crystal Corp Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25457

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Jess Santamaria

Mailing Address 255 Ponderosa Court

City State Zip Code
Royal Palm Beach FL 33411-4700

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

Name of Employer Occupation
Self Real Estate Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25341

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mas Massoumi

Mailing Address 1500 North Dixie Hwy., #104

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Occupation
Self Hand Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25359

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **2700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Catherine Moore

Mailing Address 102 Glenbrook Court

City State Zip Code
Atlantis FL 33462

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25587

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Peter Dayton

Mailing Address 14 N.E. Palm Court

City State Zip Code
Stuart FL 34996-6003

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

Name of Employer Physician to Woman Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60112.C25194

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Paul Bremer

Mailing Address 176 Satinwood Lane

City State Zip Code
Palm Beach Gardens FL 33410

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25410

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address 7720 S. Flagler Dr.

City State Zip Code
W Palm Beach FL 33405

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

Name of Employer Occupation
Schwab, Twitty & Hauser Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25545

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
H. Loy Anderson

Mailing Address 15 Southn Lake Trail

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Palm Beach National Bank Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25219

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
William Sned

Mailing Address PO Box 3746

City State Zip Code
W Palm Beach FL 33402

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: 60112.C25327

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Otto Madorie

Mailing Address 2156 S.E. Harlow Street

City State Zip Code
Port Saint Lucie FL 34952-4990

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

Name of Employer Occupation
retired Retired Govt Employee

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25429

Amount of Each Receipt this Period
250.00

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

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

Mailing Address Osprey Building Materials
8395 Garden Road

City State Zip Code
Riviera Beach FL 33404

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

Name of Employer Occupation
Information Requested Building Materials

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25581

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Haresh Asnani

Mailing Address 18 Marlwood Lane

City State Zip Code
Palm Bch. Grdns. FL 33418

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

Name of Employer Occupation
Self doctor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

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

Transaction ID: 60112.C25231

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
George Elmore

Mailing Address 1320 North Ocean Blvd.

City State Zip Code
Delray Beach FL 33483

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

Name of Employer
Hardrives, Inc.

Occupation
contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

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

Transaction ID: 60112.C25281

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Robert Wilmoth

Mailing Address 7431 Pinetree Lane

City State Zip Code
West Palm Beach FL 33406

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

Name of Employer
Janney Services

Occupation
Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25426

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 7932 Flagler Court South

City State Zip Code
W Palm Beach FL 33405

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

Name of Employer
MitBank USA, Inc.

Occupation
Ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 60112.C25315

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Thomas Davis

Mailing Address Davis & Harman, Suite 1200
1455 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Davis & Harman Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25560

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kevin McCarthy

Mailing Address 1011 Ponce De Leon Avenue

City Clewiston State FL Zip Code 33440-5101

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

Name of Employer Glades Gas Occupation Corporate Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25589

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
James Turner

Mailing Address PO Box 68

City Fort Pierce State FL Zip Code 34954

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

Name of Employer Apple Machine Supply Co. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25370

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address 200 Esplanade Way

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Intech Occupation Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25202

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Robert Garvy

Mailing Address 200 Esplanade Way

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Intech Occupation Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25203

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 3474 Lantern Bay Dr.

City State Zip Code
Jupiter FL 33477

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25533

Amount of Each Receipt this Period
600.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Francis OConnor

Mailing Address 16 Fieldway Drive

City State Zip Code
Sewalls Point FL 34996

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 60112.C25250

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
William Moore

Mailing Address 426 South Beach Rd.

City State Zip Code
Hobe Sound FL 33455

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25375

Amount of Each Receipt this Period
100.00

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

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

Mailing Address Mil Lake Medical Center
4617 - 19 Lake Worth Rd.

City State Zip Code
Lake Worth FL 33463

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

Name of Employer Self Occupation Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25383

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Edwin Taylor

Mailing Address 2431 SW Brookwood Lane

City State Zip Code
Palm City FL 34990

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25567

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Kimble McKay

Mailing Address 4001 Lafayette

City State Zip Code
Sebring FL 33872

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

Name of Employer Occupation
Self real estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25483

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address 227 Australian Avenue #5B

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25476

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial) Louis Larson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address Larson Ranch P.O. Box 1242		Transaction ID: 60112.C25430	
City Okeechobee State FL Zip Code 34973		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Dairy Farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Carol Garvy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5	
Mailing Address 200 Esplanade Way		Transaction ID: 60112.C25204	
City Palm Beach State FL Zip Code 33480		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

C. Full Name (Last, First, Middle Initial) Carol Garvy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5	
Mailing Address 200 Esplanade Way		Transaction ID: 60112.C25205	
City Palm Beach State FL Zip Code 33480		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

SUBTOTAL of Receipts This Page (optional) ▶	4700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Alfred Alasia

Mailing Address 9720 Pine Mill Court

City State Zip Code
Lake Worth FL 33467

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

Name of Employer
Graphic Security Systems

Occupation
Chairman/Ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25462

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Camille Worsnop

Mailing Address 1402 SW Osprey Cv

City State Zip Code
Port Saint Lucie FL 34986

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

Name of Employer
retired

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25378

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Alan Marcus

Mailing Address 750 Ocean Royale Way, #1102

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer
Self

Occupation
doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25405

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Christopher Wheeler

Mailing Address 7 Sandpiper Drive

City State Zip Code
Village of Golf FL 33436

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25460

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rea Elias

Mailing Address 19750 Beach Road Apt 502

City State Zip Code
Tequesta FL 33469

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25408

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Robert Critton

Mailing Address 515 N Flagler Drive Suite 400

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Self Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25536

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
E.L. Cantelmo

Mailing Address 18880 Point Drive

City State Zip Code
Tequesta FL 33469

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

Name of Employer
Quality RF Services

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25424

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Stanley Tate

Mailing Address 1175 NE 125th St, #102

City State Zip Code
Miami FL 33161

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

Name of Employer
Self

Occupation
Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 60112.C25243

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jean Merchant

Mailing Address 7210 Westlake Drive

City State Zip Code
West Palm Beach FL 33406

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

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25538

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Howard Gittis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 760 Park Avenue		Transaction ID: 60112.C25196
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McAndrews & Forbes	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Howard Gittis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 760 Park Avenue		Transaction ID: 60112.C25197
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McAndrews & Forbes	Occupation Vice President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3200.00	

Full Name (Last, First, Middle Initial) C. Lee Munder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1029 N. Ocean Blvd.		Transaction ID: 60112.C25190
City State Zip Code Palm Beach FL 33480		Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Munder Funds	Occupation Principal	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Lee Munder

Mailing Address 1029 N. Ocean Blvd.

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Munder Funds Principal

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 60112.C25189

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 2326 California Street NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
The Grizzle Company Ceo

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25215

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1130 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

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

Name of Employer Occupation
N/A Retired Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25362

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address 110 Sota Drive

City State Zip Code
Jupiter FL 33458

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25592

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
David Clare

Mailing Address 972 Lake House Drive

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer N/A Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25382

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
M.B. Sereteau

Mailing Address 19700 Oakbrook Circle

City State Zip Code
Boca Raton FL 33434

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 60112.C25303

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Mark Foley

A. Full Name (Last, First, Middle Initial)
True Rodriguez

Mailing Address 201 Ohio Road

City State Zip Code
Lake Worth FL 33467

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

Name of Employer Occupation
R.T.L. Inc. Administrator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 60112.C25308

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Rebecca Doane

Mailing Address 11610 Landing Place

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
Jones Foster Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25481

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
J. Peter Lyons

Mailing Address 800 South Street

City State Zip Code
Palm Beach FL 02453

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

Name of Employer Occupation
Self Life Insurance

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25441

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Albert Beriro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 319 Clematis Street Suite 200		Transaction ID: 60112.C25435
City West Palm Beach	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation real estate developer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. B. H. Tucker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 104 NW 7th Avenue		Transaction ID: 60112.C25416
City Okeechobee	State FL	Zip Code 34972
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation real estate	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Todd Clemons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 395 S.W. 24th Ave.		Transaction ID: 60112.C25334
City Okeechobee	State FL	Zip Code 34974
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation cattleman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Joseph J. Chanda

Mailing Address 515 River Cove Place

City State Zip Code
Indialantic FL 32903

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

Name of Employer Self Occupation Dermatologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25569

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Shirley Sontheimer

Mailing Address Post Office Box 4219

City State Zip Code
Greenwich CT 06831

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

Name of Employer C.H.C. of Connecticut, Inc. Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25493

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Patricia Watts-Wearn

Mailing Address 260 Jamaica Lane

City State Zip Code
Palm Beach FL 33480-3322

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

Name of Employer Self Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25373

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Stuart Armstrong

Mailing Address 11696 Laurel Valley Circle

City State Zip Code
Wellington FL 33414

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

Name of Employer Self Occupation doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60112.C25323

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Cynthia Shelton

Mailing Address 275 Shady Oaks Circle

City State Zip Code
Lake Mary FL 32746

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

Name of Employer COMMERCIAL NET LEASE Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25357

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jonathan Satter

Mailing Address Post Office Box 1592

City State Zip Code
West Palm Beach FL 33402

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

Name of Employer Self Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25507

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
D. L. Asher, Jr.

Mailing Address 1801 Cook Avenue

City State Zip Code
Orlando FL 32806

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

Name of Employer Dan Asher & Assoc. Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25582

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Goodman

Mailing Address c/o Murray Hill Properties
1140 Avenue of the Americas, 12th

City State Zip Code
New York NY 10036

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

Name of Employer Murray Hill Properties Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25409

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mary Ann Martin

Mailing Address 920 E Del Monte Avenue

City State Zip Code
Clewiston FL 33440

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

Name of Employer Self Occupation Owner - Marina

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25342

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Katherine Wilson

Mailing Address 15551 79th Terrace North

City State Zip Code
Palm Beach Gardens FL 33418

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

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

Transaction ID: 60112.C25333

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Marcia Bexley

Mailing Address 707 East Ridgewood Street

City State Zip Code
Orlando FL 32803

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

Name of Employer Occupation
Bexcom President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25577

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Peter Sandquist

Mailing Address 11976 Lake Shore Place

City State Zip Code
North Palm Beach FL 33408-3249

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

Name of Employer Occupation
Self Trader

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25360

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Mark Elhilow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 112 Cortez Road		Transaction ID: 60112.C25420
City State Zip Code West Palm Beach FL 33405	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation CPA Asset Management Group Principal	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mariel Minton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 6101 S. Indian River Drive		Transaction ID: 60112.C25287
City State Zip Code Fort Pierce FL 34982	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation N/A Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Allen Nelson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 333 East Wesley Road NE		Transaction ID: 60112.C25519
City State Zip Code Atlanta GA 30305-2500	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Stephen Moore

Mailing Address 102 Glenbrook Court

City State Zip Code
Atlantis FL 33462

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

Name of Employer Occupation
AutoNation USA President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25586

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Michael Kirsch

Mailing Address 116 Huckleberry Lake Drive

City State Zip Code
Sebring FL 33872-5620

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25506

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Norman Stephens

Mailing Address 3726 Creekside Drive

City State Zip Code
Sebring FL 33875-4756

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

Name of Employer Occupation
Self Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25398

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial) Clint Carlson Mailing Address 3658 Stratford Avenue City State Zip Code Dallas TX 75205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5 Transaction ID: 60112.C25181 Amount of Each Receipt this Period 1500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Carlson Capital investor Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

B. Full Name (Last, First, Middle Initial) James Kasper Mailing Address 1330 W Michigan Street City State Zip Code Orlando FL 32805 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 60112.C25256 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Kasper Real Estate real estate Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Sidney Goldman Mailing Address 11338 Maple Tree Court City State Zip Code Boca Raton FL 33428 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5 Transaction ID: 60112.C25396 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Filtrations Systems Mechanical Engineer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Judith Nelson

Mailing Address 2025 La Porte Drive

City State Zip Code
West Palm Beach FL 33410

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25570

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Patricia Murdock

Mailing Address 100 Worth Avenue, Apartment 705

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 60112.C25277

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Stan Crippen

Mailing Address 16 Castle Court

City State Zip Code
Fort Pierce FL 34949

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

Name of Employer Information Requested Occupation Information Requested
Atlantic Building Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25427

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 Mark Foley

A. Full Name (Last, First, Middle Initial)
Bernard Baker, III

Mailing Address 777 S Flagler Drive East
Suite 500

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25579

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
J.W. Vickers

Mailing Address PO Box 3190

City State Zip Code
Fort Pierce FL 34948

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25525

Amount of Each Receipt this Period
125.00

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

C. Full Name (Last, First, Middle Initial)
Robert McMillan

Mailing Address 182 Tullamore Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Fischbein, Badillo et al Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25230

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Michael Glass

Mailing Address 9196 SE River Terrace

City State Zip Code
Tequesta FL 33469

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

Name of Employer Occupation
Universal Land Title Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25343

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Gerard Harrington

Mailing Address 1702 SW Brisbane Street

City State Zip Code
Port Saint Lucie FL 34984

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

Name of Employer Occupation
retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25504

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Louis Frey

Mailing Address 139 Genius Drive

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Lowndes, Drosdick, Doster, Kantor Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25576

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Louis Frey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address 139 Genius Drive		Transaction ID: 60112.C25575	
City State Zip Code Winter Park FL 32789		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lowndes, Drosdick, Doster, Kantor	Occupation Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) B. Jean Talmage		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1138 Devonshire Way		Transaction ID: 60112.C25242	
City State Zip Code Palm Beach Gardens FL 33418		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Albert Regensburger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 300 N A-1-A		Transaction ID: 60112.C25283	
City State Zip Code Jupiter FL 33477		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Patrick Pinto

Mailing Address 20 Somerset Drive

City State Zip Code
Holbrook NY 11741

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

Name of Employer Occupation
Oxford Management Services Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 60112.C25179

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Megan Ivory

Mailing Address 53 Arell Court

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
AdvaMed Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60112.C25182

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Gregg Stupinski

Mailing Address 4022 Westminster Road

City State Zip Code
Sebring FL 33875

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

Name of Employer Occupation
Self real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60112.C25195

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Michael Hanson

Mailing Address 5021 Glenbrook Terrace NW

City Washington State DC Zip Code 20016

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

Name of Employer c2group Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 5

Transaction ID: 60112.C25199

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
James Delaplaine

Mailing Address 4421 45th Street NW

City Washington State DC Zip Code 20016

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

Name of Employer Davis and Harman Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25213

Amount of Each Receipt this Period
 350.00

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

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

Mailing Address 101 Constitution Avenue Suite 800

City Washington State DC Zip Code 20001

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

Name of Employer The Hobbs Group Occupation Ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25214

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Lisa Fishel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 102 Basin Drive		Transaction ID: 60112.C25337
City State Zip Code Delray Beach FL 33483		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mary Casto		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 19600 Loxahatchee River Road		Transaction ID: 60112.C25568
City State Zip Code Jupiter FL 33458		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Casto Homes Inc.	Occupation Custome Home Builder	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. H.P Goldfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 555 13th Street NW Suite 300W		Transaction ID: 60112.C25571
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Purchase of Wine for Reception
Name of Employer Stonebridge International	Occupation Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 98	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address 1586 Royal Forest Court

City State Zip Code
West Palm Beach FL 33406

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

Name of Employer Occupation
Home Property Mgmt Inc Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	5

Transaction ID: 60112.C25578

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	61850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Dealers Election Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address National Automobile Dealers Associ 8400 Westpark Drive		Transaction ID: 60112.C25174
City State Zip Code Mc Lean VA 22102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. FPL PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address Mr. Michael Wilson 700 Universe Blvd, PO Box 14000		Transaction ID: 60112.C25563
City State Zip Code Juno Beach FL 33408	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. FPL PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address Mr. Michael Wilson 700 Universe Blvd, PO Box 14000		Transaction ID: 60112.C25562
City State Zip Code Juno Beach FL 33408	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
BellSouth Federal PAC

Mailing Address Mr. Curt Reilly
150 South Monroe Street

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 60112.C25234

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BellSouth Federal PAC

Mailing Address Mr. Curt Reilly
150 South Monroe Street

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

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

Transaction ID: 60112.C25235

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Pinnacle West PAC

Mailing Address 400 North 5th Street

City State Zip Code
Phoenix AZ 85004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25224

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Holland & Knight PAC

Mailing Address Mr. Gilliland and Ms. Studley
2099 Pennsylvania Avenue NW, Suite

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 60112.C25237

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Realtors PAC

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 60112.C25238

Amount of Each Receipt this Period
4000.00

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

C. Full Name (Last, First, Middle Initial)
Assoc. General Contractors PAC

Mailing Address 333 John Carlyle St, Suite 200

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: 60112.C25200

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. United Parcel Service PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address Royal Roth 55 Glenlake Parkway NE		Transaction ID: 60112.C25561
City Atlanta	State GA	Zip Code 30328
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. National Propane Gas Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address Mr. Richard Roldan 1150 17th Street NW, Suite 310		Transaction ID: 60112.C25210
City Washington	State DC	Zip Code 20036
Amount of Each Receipt this Period 2500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. CNA Citizens for Good Government (PAC)		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address CNA Insurance Companies 1776 I Street, NW, Ste# 770		Transaction ID: 60112.C25225
City Washington	State DC	Zip Code 20006
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. American Occupational Therapy Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address Ms. Christina Metzler 4720 Montgomery Lane		Transaction ID: 60112.C25459
City Bethesda	State MD	Zip Code 20824-1220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. Sheet Metal Air Condit. Contractors PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 221230		Transaction ID: 60112.C25208
City Chantilly	State VA	Zip Code 22022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. CIGNA Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address Kristin Julason 2001 Pennsylvania Avenue NW, Suite		Transaction ID: 60112.C25206
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Progress Energy PAC

Mailing Address Mr. David Roberts
P.O. Box 1510

City Raleigh State NC Zip Code 27602

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25453

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Progress Energy PAC

Mailing Address Mr. David Roberts
P.O. Box 1510

City Raleigh State NC Zip Code 27602

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25573

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mortgage Bankers PAC

Mailing Address 1919 Pennsylvania Avenue, NW
Attn: Erick Gustafson

City Washington State DC Zip Code 20006-3438

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25207

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Teco Energy PAC

Mailing Address 702 N Franklin Street

City Tampa State FL Zip Code 33602

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25228

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
USAA Group PAC

Mailing Address Attn: Christopher Seeger
1455 F Street, NW, 420

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25227

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Securities Industry Assoc. PAC

Mailing Address Mr. Richard Hunt
1401 Eye Street, NW, Suite # 1000

City Washington State DC Zip Code 20005-2225

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25458

Amount of Each Receipt this Period
 2500.00

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

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Dickstein, Shapiro Morin & Oshinsky PAC

Mailing Address 2101 L Street, NW

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 5

Transaction ID: 60112.C25198

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Development PAC

Mailing Address Ms. Reba Raffaelli
2201 Cooperative Way, 3rd Floor

City State Zip Code
Herndon VA 20171

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: 60112.C25572

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
PriceWaterHouse Coopers PAC

Mailing Address 1301 K Street NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60112.C25183

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
SBC Communications, Inc. PAC

Mailing Address 175 East Houston, Room 4-R-4

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 60112.C25229

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Morgan Stanley Dean Witter & Co. PAC

Mailing Address 401 9th Street NW, Suite 650
Mr. Samuel Baptista

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: 60112.C25209

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Electronic Data Systems Employees PAC

Mailing Address 1331 Pennsylvania Ave. N.W.
Suite 1300, North

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60112.C25188

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. National Assoc of Letter Carriers PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5	
Mailing Address Mr. George B. Gould 100 Indiana Ave., N.W.		Transaction ID: 60112.C25211	
City Washington	State DC	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Concrete Masonry PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 2302 Horse Pen Road		Transaction ID: 60112.C25451	
City Herndon	State VA	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Carpenters Legislative Improvement Comm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5	
Mailing Address 101 Constitution Avenue, NW Attn: Mr. Douglas McCarron		Transaction ID: 60112.C25176	
City Washington	State DC	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address 235 East 42nd St.

City State Zip Code
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

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

Transaction ID: 60112.C25232

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
US Sugar Corp. Emps Stock Owner PAC

Mailing Address 111 Ponce DeLeon Avenue

City State Zip Code
Clewiston FL 33440

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60112.C25559

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Allergan PAC

Mailing Address Ms. Edith Bennett
2148 E Orange View Lane

City State Zip Code
Orange CA 92867

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

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

Transaction ID: 60112.C25178

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Allergan PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address Ms. Edith Bennett 2148 E Orange View Lane		Transaction ID: 60112.C25177
City State Zip Code Orange CA 92867	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. AdvaMed PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 1200 G Street NW, Suite 400		Transaction ID: 60112.C25239
City State Zip Code Washington DC 20005-3814	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Verizon Communications Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 1717 Arch Street 47-S		Transaction ID: 60112.C25454
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address John Gay
1501 K Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 60112.C25187

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Dykema Gossett PAC

Mailing Address Mr. Stephen Zimmerman
124 West Allegan Street, Suite 800

City Lansing State MI Zip Code 48933

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: 60112.C25233

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Baxter Healthcare PAC

Mailing Address 800 Connecticut Avenue, NW
Suite 1100

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60112.C25186

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Portland Cement PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 1130 Connecticut Avenue NW Ste. 12 Attn: David Hubbard		Transaction ID: 60112.C25456
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. ACSPA PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 1640 Wisconsin Avenue, NW		Transaction ID: 60112.C25455
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Foley & Lardner Political Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address Mr. Ted Bornstein, Treasurer 3000 K Street NW, Suite 500		Transaction ID: 60112.C25236
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Altria Group, Inc. PAC

Mailing Address Ms. Beverly McKittrick
101 Constitution Avenue, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2005

Transaction ID: 60112.C25192

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Tyco International PAC

Mailing Address 9 Roszel Road

City Princeton State NJ Zip Code 08540

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60112.C25450

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Americas Health Insurance PAC

Mailing Address Attn: Behrens Foster
601 Pennsylvania Avenue NW STE 500

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60112.C25452

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

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

Mailing Address General Motors PAC/ Ken Cole
1660 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60112.C25180

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey McMillen

Mailing Address 8623 Leroy Place

City Fairfax State VA Zip Code 22031

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

Name of Employer Occupation
Akin Gump Attorneys Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60112.C25184

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
AGSH&F Civic Action Comm.

Mailing Address 1333 nEW hAMPSHIRE aVE. nw

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: 60112.C25185

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
U.S. Steel Corporation Pac

Mailing Address Ms. Mindy Fleishman, Treasurer
600 Grant Street

City State Zip Code
Pittsburgh PA 15219

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2005

Transaction ID: 60112.C25212

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
LOPAC

Mailing Address Lorillard Tobacco Company PAC
714 Green Valley Road

City State Zip Code
Greensboro NC 27408

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2005

Transaction ID: 60112.C25226

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	95500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25599
City State Zip Code W Palm Beach FL 33406-	Amount of Each Receipt this Period 99.79	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Interest Occupation N/A	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1189.78		

Full Name (Last, First, Middle Initial) B. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25600
City State Zip Code W Palm Beach FL 33406-	Amount of Each Receipt this Period 34.81	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Interest Occupation N/A	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1224.59		

Full Name (Last, First, Middle Initial) C. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25602
City State Zip Code W Palm Beach FL 33406-	Amount of Each Receipt this Period 33.69	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Interest Occupation N/A	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1258.28		

SUBTOTAL of Receipts This Page (optional) ▶	168.29
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25601
City State Zip Code W Palm Beach FL 33406-		Amount of Each Receipt this Period 111.35
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest	Occupation N/A	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1369.63	

Full Name (Last, First, Middle Initial) B. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25603
City State Zip Code W Palm Beach FL 33406-		Amount of Each Receipt this Period 134.06
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest	Occupation N/A	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1503.69	

Full Name (Last, First, Middle Initial) C. Wachovia/First Union National Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Transaction ID: 60112.C25604
City State Zip Code W Palm Beach FL 33406-		Amount of Each Receipt this Period 33.70
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest	Occupation N/A	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1537.39	

SUBTOTAL of Receipts This Page (optional)	▶	279.11
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Big Lake National Mailing Address 1409 S. Parrott Ave. City Okeechobee State FL Zip Code 34974-		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 Transaction ID: 60112.C25615 Amount of Each Receipt this Period 476.42
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation N/A Election Cycle-to-Date ▼ 3914.21	

Full Name (Last, First, Middle Initial) B. Big Lake National Mailing Address 1409 S. Parrott Ave. City Okeechobee State FL Zip Code 34974-		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 Transaction ID: 60112.C25614 Amount of Each Receipt this Period 462.09
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation N/A Election Cycle-to-Date ▼ 4376.30	

Full Name (Last, First, Middle Initial) C. Big Lake National Mailing Address 1409 S. Parrott Ave. City Okeechobee State FL Zip Code 34974-		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5 Transaction ID: 60112.C25613 Amount of Each Receipt this Period 478.58
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation N/A Election Cycle-to-Date ▼ 4854.88	

SUBTOTAL of Receipts This Page (optional)	1417.09
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Lydian Private Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 420 Royal Palm Way		Transaction ID: 60112.C25616
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1016.86	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11532.56	

Full Name (Last, First, Middle Initial) B. Lydian Private Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 420 Royal Palm Way		Transaction ID: 60112.C25617
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1729.19	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 13261.75	

Full Name (Last, First, Middle Initial) C. Lydian Private Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 420 Royal Palm Way		Transaction ID: 60112.C25618
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1723.68	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 14985.43	

SUBTOTAL of Receipts This Page (optional) ▶	4469.73
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 440 Royal Way		Transaction ID: 60112.C25608	
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1017.62		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 8826.36		

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 440 Royal Way		Transaction ID: 60112.C25609	
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1075.82		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 9902.18		

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 440 Royal Way		Transaction ID: 60112.C25610	
City State Zip Code Palm Beach FL 33480-	Amount of Each Receipt this Period 1124.61		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 11026.79		

SUBTOTAL of Receipts This Page (optional) ▶	3218.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Flagler Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 1801 Forest Hill Boulevard		Transaction ID: 60112.C25605
City State Zip Code West Palm Beach FL 33406-	Amount of Each Receipt this Period 1383.39	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 13474.28	

Full Name (Last, First, Middle Initial) B. Flagler Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1801 Forest Hill Boulevard		Transaction ID: 60112.C25606
City State Zip Code West Palm Beach FL 33406-	Amount of Each Receipt this Period 1648.66	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 15122.94	

Full Name (Last, First, Middle Initial) C. Flagler Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 5
Mailing Address 1801 Forest Hill Boulevard		Transaction ID: 60112.C25607
City State Zip Code West Palm Beach FL 33406-	Amount of Each Receipt this Period 1600.39	
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 16723.33	

SUBTOTAL of Receipts This Page (optional) ▶	4632.44
TOTAL This Period (last page this line number only) ▶	14184.71

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Bell South		Transaction ID: 60112.E5697 Date of Disbursement 12 / 22 / 2005
Mailing Address PO Box 33009		Amount of Each Disbursement this Period 34.41
City Charlotte State NC Zip Code 28243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL	Category/ Type	MONTHLY BILL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Palms West Chamber of Commerce		Transaction ID: 60118.E5752 Date of Disbursement 11 / 20 / 2005
Mailing Address Vivian Palmer, Executive Director PO BVox 1062		Amount of Each Disbursement this Period 30.00
City Loxahatchee State FL Zip Code 33470-1062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCHEON	Category/ Type	LUNCHEON
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 60112.E5633 Date of Disbursement 10 / 13 / 2005
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 11.64
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING	Category/ Type	MAILING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	76.05
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Wachovia/First Union National Bank		Transaction ID: 60112.E5652
Mailing Address 4300 Forest Hill Boulevard		Date of Disbursement 11 / 03 / 2005
City W Palm Beach	State FL	Zip Code 33406-
Purpose of Disbursement PAYROLL TAXES	Category/ Type	Amount of Each Disbursement this Period 1040.86
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Solutions/The Donatelli Group		Transaction ID: 60112.E5667
Mailing Address 118 North Saint Asaph Street		Date of Disbursement 11 / 29 / 2005
City Alexandria	State VA	Zip Code 22314-
Purpose of Disbursement CREDIT CARD FEE	Category/ Type	Amount of Each Disbursement this Period 65.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: 51006.E5611
Mailing Address PO Box 742596		Date of Disbursement 10 / 03 / 2005
City Cincinnati	State OH	Zip Code 45274-2596
Purpose of Disbursement MONTHLY CELL BILL	Category/ Type	Amount of Each Disbursement this Period 135.90
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY CELL BILL
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1241.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Bell South		Transaction ID: 60118.E5747 Date of Disbursement 11 / 02 / 2005	
Mailing Address PO Box 33009		Amount of Each Disbursement this Period 356.69	
City Charlotte State NC Zip Code 28243-	Purpose of Disbursement MONTHLY BILL Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hospice Of Okeechobee County		Transaction ID: 51006.E5605 Date of Disbursement 10 / 03 / 2005	
Mailing Address PO Box 1548		Amount of Each Disbursement this Period 200.00	
City Okeechobee State FL Zip Code 34973-	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: 60112.E5671 Date of Disbursement 12 / 01 / 2005	
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 131.33	
City Cincinnati State OH Zip Code 45274-2596	Purpose of Disbursement MONRTHLY CELL BILL Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	688.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Community Awards Luncheon		Transaction ID: 60112.E5659 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 824 North Dixie Hwy		Amount of Each Disbursement this Period 200.00
City Lake Worth State FL Zip Code 33460-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCHEON Candidate Name	Category/Type	LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 60112.E5706 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 5
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 23996.69
City Atlanta State GA Zip Code 30353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:CREDIT CARD PAYMENT Candidate Name	Category/Type	SEE BELOW:CREDIT CARD PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Party City		Transaction ID: 60112.E5738 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 4362 Okeechobee Boulevard		Amount of Each Disbursement this Period 60.59
City West Palm Beach State FL Zip Code 33409-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	24196.69
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. US Capitol Historical Society		Transaction ID: 60112.E5745 Date of Disbursement 11 / 15 / 2005
Mailing Address 200 Maryland Avenue NE		Amount of Each Disbursement this Period 21100.50
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CALENDARS	Candidate Name	[MEMO ITEM] MEMO: CALENDARS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AOL		Transaction ID: 60112.E5715 Date of Disbursement 11 / 22 / 2005
Mailing Address 3318 Amni Highway		Amount of Each Disbursement this Period 23.90
City Chattanooga State TN Zip Code 37406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY ON-LINE SERVICE	Candidate Name	[MEMO ITEM] MEMO: MONTHLY ON-LINE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roys Liquors		Transaction ID: 60112.E5746 Date of Disbursement 11 / 15 / 2005
Mailing Address 720 South US Highway 1		Amount of Each Disbursement this Period 1207.65
City Fort Pierce State FL Zip Code 34950-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Cafe Milano		Transaction ID: 60112.E5743 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 3222 N Street NW		Amount of Each Disbursement this Period 180.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-	[MEMO ITEM] MEMO: CONSTITUENT LUNCH	
Purpose of Disbursement CONSTITUENT LUNCH		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Savannas PB		Transaction ID: 60112.E5739 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 375 South County Road		Amount of Each Disbursement this Period 107.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Beach State FL Zip Code 33480-	[MEMO ITEM] MEMO: CONSTITUENT LUNCH	
Purpose of Disbursement CONSTITUENT LUNCH		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. K & V Sedan Service		Transaction ID: 60112.E5735 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 142 Ritchie Avenue		Amount of Each Disbursement this Period 540.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20910-	[MEMO ITEM] MEMO: CAR SERVICE	
Purpose of Disbursement CAR SERVICE		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Red Carpet Sedan Service		Transaction ID: 60112.E5737 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 805 Floral Place NW		Amount of Each Disbursement this Period 210.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR SERVICE	Candidate Name	[MEMO ITEM] MEMO: CAR SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Costco		Transaction ID: 60112.E5722 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 1873 Lantana Road		Amount of Each Disbursement this Period 16.81
City Lake Worth State FL Zip Code 33462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Costco		Transaction ID: 60112.E5721 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1873 Lantana Road		Amount of Each Disbursement this Period 28.77
City Lake Worth State FL Zip Code 33462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Public Concepts		Transaction ID: 60112.E5636 Date of Disbursement 10 / 13 / 2005
Mailing Address 5730 Corporate Way Suite 214		Amount of Each Disbursement this Period 5749.43
City W Palm Beach State FL Zip Code 33407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BIRTHDAY CARDS AND LISTS		BIRTHDAY CARDS AND LISTS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60112.E5708 Date of Disbursement 10 / 07 / 2005
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 160.06
City Tampa State FL Zip Code 33631-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL		MONTHLY BILL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wachovia/First Union National Bank		Transaction ID: 60112.E5675 Date of Disbursement 12 / 15 / 2005
Mailing Address 4300 Forest Hill Boulevard		Amount of Each Disbursement this Period 1040.86
City W Palm Beach State FL Zip Code 33406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES		PAYROLL TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6950.35
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: 60112.E5700 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 271.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement CREDIT CARD FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES

Full Name (Last, First, Middle Initial) B. Donna Winterson		Transaction ID: 51006.E5613 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Worth State FL Zip Code 33461-	Purpose of Disbursement SALARY Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) C. Forum Club		Transaction ID: 60112.E5655 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 16957		Amount of Each Disbursement this Period 330.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Palm Beach State FL Zip Code 33407-	Purpose of Disbursement LUNCHEON Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LUNCHEON

SUBTOTAL of Disbursements This Page (optional) ▶	3014.13
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Wachovia/First Union National Bank		Transaction ID: 60112.E5658 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Amount of Each Disbursement this Period 1040.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Palm Beach State FL Zip Code 33406-	Category/Type	
Purpose of Disbursement PAYROLL TAXES		PAYROLL TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Catalyst Group LLC		Transaction ID: 60112.E5666 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address Attn: Joe Rachinsky 1115 Massachusetts NW		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Category/Type	
Purpose of Disbursement FUNDRAISING CONSULTING		FUNDRAISING CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 60112.E5705 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-	Category/Type	
Purpose of Disbursement MONTHLY FEE		MONTHLY FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6045.86
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. KDT Solutions		Transaction ID: 60112.E5670 Date of Disbursement 12 / 01 / 2005
Mailing Address 1256 5th Street		Amount of Each Disbursement this Period 215.00
City West Palm Beach State FL Zip Code 33409-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SERVICE	Candidate Name	COMPUTER SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. T-Mobile		Transaction ID: 60112.E5684 Date of Disbursement 12 / 29 / 2005
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 127.16
City Cincinnati State OH Zip Code 45274-2596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY CELL BILL	Candidate Name	MONTHLY CELL BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bell South		Transaction ID: 60112.E5665 Date of Disbursement 11 / 22 / 2005
Mailing Address PO Box 33009		Amount of Each Disbursement this Period 385.83
City Charlotte State NC Zip Code 28243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL	Candidate Name	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	727.99
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Citibank Credit		Transaction ID: 51006.E5603 Date of Disbursement 10 / 03 / 2005
Mailing Address PO Box 6575		Amount of Each Disbursement this Period 515.10
City The Lakes State NV Zip Code 88901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:CREDIT CARD PAYMENT		SEE BELOW:CREDIT CARD PAYMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 51006.E5604 Date of Disbursement 10 / 03 / 2005
Mailing Address 324 ROYAL POINCIANA WAY		Amount of Each Disbursement this Period 505.10
City Palm Beach State FL Zip Code 33480-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TICKET		[MEMO ITEM] MEMO: AIRLINE TICKET
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Wachovia/First Union National Bank		Transaction ID: 60112.E5707 Date of Disbursement 12 / 08 / 2005
Mailing Address 4300 Forest Hill Boulevard		Amount of Each Disbursement this Period 1231.20
City W Palm Beach State FL Zip Code 33406-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER EXPENSE		FUNDRAISER EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1746.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Campaign Solutions/The Donatelli Group		Transaction ID: 60118.E5756 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 5
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 61.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WENSITE FEES	Category/ Type	WENSITE FEES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Palms West Chamber of Commerce		Transaction ID: 60112.E5695 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address Vivian Palmer, Executive Director PO BBox 1062		Amount of Each Disbursement this Period 30.00
City Loxahatchee State FL Zip Code 33470-1062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCHEON TICKETS	Category/ Type	LUNCHEON TICKETS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Frederick De Pue Catering		Transaction ID: 60112.E5639 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 240 New Mark Esplanade		Amount of Each Disbursement this Period 1202.00
City Rockville State MD Zip Code 20850-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER CATERING 10/04/05	Category/ Type	FUNDRAISER CATERING 10/04- /05
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1293.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Campaign Solutions/The Donatelli Group		Transaction ID: 60112.E5646 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 50.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE HOSTING	Category/ Type	WEBSITE HOSTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 60112.E5702 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 1842.38
City Atlanta State GA Zip Code 30353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:CREDIT CARD PAYMENT	Category/ Type	SEE BELOW:CREDIT CARD PAY- MENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Old Ebbitt Grill		Transaction ID: 60112.E5727 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 5
Mailing Address 675 15th street nw		Amount of Each Disbursement this Period 122.11
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT DINNER	Category/ Type	[MEMO ITEM] MEMO: CONSTITUENT DINNER
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1892.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. US Capitol Historical Society		Transaction ID: 60112.E5716 Date of Disbursement 10 / 06 / 2005	
Mailing Address 200 Maryland Avenue NE		Amount of Each Disbursement this Period 350.75	
City Washington State DC Zip Code 20002-	Purpose of Disbursement CONSTITUENT GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT GIFTS	

Full Name (Last, First, Middle Initial) B. AOL		Transaction ID: 60112.E5713 Date of Disbursement 10 / 01 / 2005	
Mailing Address 3318 Amni Highway		Amount of Each Disbursement this Period 23.90	
City Chattanooga State TN Zip Code 37406-	Purpose of Disbursement MONTHLY ON-LINE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MONTHLY ON-LINE SERVICE	

Full Name (Last, First, Middle Initial) C. Congressional Liquors		Transaction ID: 60112.E5724 Date of Disbursement 10 / 01 / 2005	
Mailing Address 404 1st street SE		Amount of Each Disbursement this Period 176.53	
City Washington State DC Zip Code 20003-	Purpose of Disbursement FUNDRAISER SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. U.S. HOUSE - MEMBERS DINING ROOM		Transaction ID: 60112.E5717 Date of Disbursement																				
Mailing Address THE CAPITOL		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	5													
City Washington	State DC	Zip Code 20001-																				
Purpose of Disbursement CONSTITUENT LUNCH		Amount of Each Disbursement this Period <table border="1"><tr><td>200.34</td></tr></table>	200.34																			
200.34																						
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT LUNCH																				
State: District:																						

Full Name (Last, First, Middle Initial) B. Cafe Milano		Transaction ID: 60112.E5726 Date of Disbursement																				
Mailing Address 3222 N Street NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	5													
City Washington	State DC	Zip Code 20007-																				
Purpose of Disbursement CONSTITUENT LUNCH		Amount of Each Disbursement this Period <table border="1"><tr><td>69.40</td></tr></table>	69.40																			
69.40																						
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT LUNCH																				
State: District:																						

Full Name (Last, First, Middle Initial) C. US Postmaster - Palm Beach Gardens		Transaction ID: 60112.E5728 Date of Disbursement																				
Mailing Address 3330 Fairchild Gardens Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	5													
City Palm Beach Gardens	State FL	Zip Code 33420-																				
Purpose of Disbursement STAMPS		Amount of Each Disbursement this Period <table border="1"><tr><td>185.00</td></tr></table>	185.00																			
185.00																						
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STAMPS																				
State: District:																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Sonoma Restaurant		Transaction ID: 60112.E5711 Date of Disbursement 10 / 01 / 2005
Mailing Address 223 Pennsylvania Avenue		Amount of Each Disbursement this Period 200.00
City Washington State DC Zip Code 20500-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT MEAL	Candidate Name	[MEMO ITEM] MEMO: CONSTITUENT MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Costco		Transaction ID: 60112.E5720 Date of Disbursement 10 / 05 / 2005
Mailing Address 1873 Lantana Road		Amount of Each Disbursement this Period 59.75
City Lake Worth State FL Zip Code 33462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS	Candidate Name	[MEMO ITEM] MEMO: GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Florida Power & Light		Transaction ID: 60112.E5642 Date of Disbursement 10 / 19 / 2005
Mailing Address PO Box 025576		Amount of Each Disbursement this Period 158.57
City Miami State FL Zip Code 33102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL	Candidate Name	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	158.57
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Womens Chamber of Commerce		Transaction ID: 60112.E5643 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 8983 Okeechobee Boulevard #202 PMB 202		Amount of Each Disbursement this Period 50.00
City Royal Palm Beach State FL Zip Code 33411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BREAKFAST	Candidate Name	BREAKFAST
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hoffmans Chocolates		Transaction ID: 60118.E5749 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 5190 Lake Worth Road		Amount of Each Disbursement this Period 1465.32
City Lake Worth State FL Zip Code 33467-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOLIDAY GIFTS FOR CONSTITUENTS	Candidate Name	HOLIDAY GIFTS FOR CONSTITUENTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Public Concepts		Transaction ID: 60112.E5662 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 5730 Corporate Way Suite 214		Amount of Each Disbursement this Period 3648.29
City W Palm Beach State FL Zip Code 33407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BIRTHDAY CARDS DROPS	Candidate Name	BIRTHDAY CARDS DROPS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5163.61
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 24679 City West Palm Beach State FL Zip Code 33416- Purpose of Disbursement MONTHLY BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51006.E5608 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 92.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY BILL
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement MAILING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60112.E5650 Date of Disbursement 11 / 03 / 2005 Amount of Each Disbursement this Period 17.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAILING
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 31488 City Tampa State FL Zip Code 33631- Purpose of Disbursement MONTHLY BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60112.E5709 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 178.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY BILL
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SUBTOTAL of Disbursements This Page (optional) ▶	288.44
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Max Davis & Associates		Transaction ID: 51006.E5607 Date of Disbursement 10 / 03 / 2005
Mailing Address P.O. Box 3935		Amount of Each Disbursement this Period 292.88
City South Bend State IN Zip Code 46619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIER RENTAL	Candidate Name	COPIER RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Max Davis & Associates		Transaction ID: 60112.E5645 Date of Disbursement 11 / 03 / 2005
Mailing Address P.O. Box 3935		Amount of Each Disbursement this Period 292.88
City South Bend State IN Zip Code 46619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIER RENTAL	Candidate Name	COPIER RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60112.E5710 Date of Disbursement 12 / 07 / 2005
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 161.88
City Tampa State FL Zip Code 33631-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL	Candidate Name	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	747.64
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Florida Power & Light		Transaction ID: 60112.E5680 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address PO Box 025576		Amount of Each Disbursement this Period 136.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33102-	MONTHLY BILL Category/Type	
Purpose of Disbursement MONTHLY BILL Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Wachovia/First Union National Bank		Transaction ID: 51006.E5615 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 4300 Forest Hill Boulevard		Amount of Each Disbursement this Period 1040.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Palm Beach State FL Zip Code 33406-	PAYROLL TAXES Category/Type	
Purpose of Disbursement PAYROLL TAXES Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Petty Cash		Transaction ID: 60118.E5755 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address Friends of Mark Foley P.O. Box 30505		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Beach Gardens State FL Zip Code 33420-	PETTY CASH Category/Type	
Purpose of Disbursement PETTY CASH Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1276.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Donna Winterson		Transaction ID: 60112.E5674 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Worth State FL Zip Code 33461-	Purpose of Disbursement SALARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY Category/Type

Full Name (Last, First, Middle Initial) B. Republican Party of Palm Beach County		Transaction ID: 51006.E5610 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 1555 Palm Beach Lakes Boulevard		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Palm Beach State FL Zip Code 33401-	Purpose of Disbursement TEE SPONSORSHIP Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TEE SPONSORSHIP Category/Type

Full Name (Last, First, Middle Initial) C. Palms West Chamber of Commerce		Transaction ID: 60118.E5750 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address Vivian Palmer, Executive Director PO B V o x 1062		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Loxahatchee State FL Zip Code 33470-1062	Purpose of Disbursement LUNCHEON Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LUNCHEON Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2642.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. US Postmaster - Palm Beach Gardens		Transaction ID: 60118.E5748 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 3330 Fairchild Gardens Avenue		Amount of Each Disbursement this Period 6980.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Palm Beach Gardens FL 33420-	Purpose of Disbursement MAILING OF CALENDARS AND CARDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING OF CALENDARS AND CARDS

Full Name (Last, First, Middle Initial) B. Martin County Council of 100		Transaction ID: 60112.E5656 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address Martin Co. Republican Exec. Commit P.O. Box 501		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Stuart FL 34995-	Purpose of Disbursement DINNER TICKETS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DINNER TICKETS

Full Name (Last, First, Middle Initial) C. SCM Associates Inc		Transaction ID: 60112.E5681 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 10 Main Street PO Box 720		Amount of Each Disbursement this Period 4640.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Jaffrey NH 03452-	Purpose of Disbursement FUNDRAISING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶	12020.55
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. FFRW Convention		Transaction ID: 60112.E5632 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 1715 NW 12th Road		Amount of Each Disbursement this Period 250.00
City Gainesville State FL Zip Code 32605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD Candidate Name	Category/Type	AD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bell South		Transaction ID: 60112.E5698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address PO Box 33009		Amount of Each Disbursement this Period 385.53
City Charlotte State NC Zip Code 28243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL Candidate Name	Category/Type	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bell South		Transaction ID: 51006.E5606 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address PO Box 33009		Amount of Each Disbursement this Period 506.47
City Charlotte State NC Zip Code 28243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL Candidate Name	Category/Type	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1142.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. T-Mobile		Transaction ID: 60112.E5647 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 135.90
City Cincinnati State OH Zip Code 45274-2596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY CELL BILL	Candidate Name	MONTHLY CELL BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Donna Winterson		Transaction ID: 60112.E5637 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57
City Lake Worth State FL Zip Code 33461-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Donna Winterson		Transaction ID: 60112.E5657 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57
City Lake Worth State FL Zip Code 33461-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4961.04
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Petty Cash		Transaction ID: 60118.E5754 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address Friends of Mark Foley P.O. Box 30505		Amount of Each Disbursement this Period 100.00
City Palm Beach Gardens State FL Zip Code 33420-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PETTY CASH	Candidate Name	PETTY CASH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Club of the Palm Beaches		Transaction ID: 60112.E5641 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 2399 Fairway Drive		Amount of Each Disbursement this Period 275.00
City West Palm Beach State FL Zip Code 33409-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSPITALITY SUITE - FFRW	Candidate Name	HOSPITALITY SUITE - FFRW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Donna Winterson		Transaction ID: 60112.E5668 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57
City Lake Worth State FL Zip Code 33461-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2787.57
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Max Davis & Associates		Transaction ID: 60112.E5663	
Mailing Address P.O. Box 3935		Date of Disbursement 11 / 22 / 2005	
City South Bend	State IN	Zip Code 46619-	Amount of Each Disbursement this Period 292.88
Purpose of Disbursement COPIER RENTAL	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		COPIER RENTAL
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. H.P Goldfield		Transaction ID: 60112.C25571IK	
Mailing Address 555 13th Street NW Suite 300W		Date of Disbursement 10 / 15 / 2005	
City Washington	State DC	Zip Code 20004-	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PURCHASE OF WINE FOR RECEPTION	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		IN KIND: PURCHASE OF WINE FOR RECEPTION
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. FFRW Convention		Transaction ID: 60112.E5631	
Mailing Address 1715 NW 12th Road		Date of Disbursement 10 / 13 / 2005	
City Gainesville	State FL	Zip Code 32605-	Amount of Each Disbursement this Period 125.00
Purpose of Disbursement CONVENTION TICKETS	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONVENTION TICKETS
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	2417.88
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Wachovia/First Union National Bank		Transaction ID: 60112.E5638	
Mailing Address 4300 Forest Hill Boulevard		Date of Disbursement 10 / 14 / 2005	
City W Palm Beach	State FL	Zip Code 33406-	Amount of Each Disbursement this Period 1040.86
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) B. Donna Winterson		Transaction ID: 60112.E5694	
Mailing Address 1316 Lake Victoria Drive		Date of Disbursement 12 / 08 / 2005	
City Lake Worth	State FL	Zip Code 33461-	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement FUNDRAISER EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FUNDRAISER EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) C. Wachovia/First Union National Bank		Transaction ID: 60112.E5669	
Mailing Address 4300 Forest Hill Boulevard		Date of Disbursement 12 / 01 / 2005	
City W Palm Beach	State FL	Zip Code 33406-	Amount of Each Disbursement this Period 1040.86
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2381.72
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 60112.E5704 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 38795.50
City Atlanta State GA Zip Code 30353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:CREDIT CARD PAYMENT	Candidate Name	SEE BELOW:CREDIT CARD PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Old Ebbitt Grill		Transaction ID: 60112.E5733 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 675 15th street nw		Amount of Each Disbursement this Period 190.93
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT DINNER	Candidate Name	[MEMO ITEM] MEMO: CONSTITUENT DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 60112.E5731 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address PO Box 9020 - DEPT 56-4205057259		Amount of Each Disbursement this Period 27.32
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	38795.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 60112.E5730 Date of Disbursement 10 / 18 / 2005	
Mailing Address PO Box 9020 - DEPT 56-4205057259		Amount of Each Disbursement this Period 41.10	
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. PB Grill		Transaction ID: 60112.E5734 Date of Disbursement 10 / 12 / 2005	
Mailing Address 336 Royal Poinciana Way		Amount of Each Disbursement this Period 197.21	
City Palm Beach State FL Zip Code 33480-	Purpose of Disbursement CONSTITUENT MEAL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEAL	

Full Name (Last, First, Middle Initial) C. AOL		Transaction ID: 60112.E5714 Date of Disbursement 10 / 22 / 2005	
Mailing Address 3318 Amni Highway		Amount of Each Disbursement this Period 23.90	
City Chattanooga State TN Zip Code 37406-	Purpose of Disbursement MONTHLY ON-LINE SERVICE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MONTHLY ON-LINE SERVICE	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Autumn Publishing		Transaction ID: 60112.E5732 Date of Disbursement 11 / 03 / 2005
Mailing Address P.O. Box 1530		Amount of Each Disbursement this Period 10109.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vienna State VA Zip Code 22183-	Purpose of Disbursement CHRISTMAS CARDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CHRISTMAS CARDS

Full Name (Last, First, Middle Initial) B. Sonoma Restaurant		Transaction ID: 60112.E5712 Date of Disbursement 11 / 08 / 2005
Mailing Address 223 Pennsylvania Avenue		Amount of Each Disbursement this Period 31.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20500-	Purpose of Disbursement CONSTITUENT BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT BEVERAGE

Full Name (Last, First, Middle Initial) C. Ritz Carlton South Beach		Transaction ID: 60112.E5729 Date of Disbursement 10 / 07 / 2005
Mailing Address One 17th Avenue South		Amount of Each Disbursement this Period 28174.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami Beach State FL Zip Code 33139-	Purpose of Disbursement FUNDRAISER DEPOSIT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER DEPOSIT

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Mr. Jay Conant		Transaction ID: 51006.E5612 Date of Disbursement 10 / 03 / 2005
Mailing Address 5730 Corporate Way Suite 220		Amount of Each Disbursement this Period 1900.00
City West Palm Beach State FL Zip Code 33407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENTAL	Candidate Name	RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Solutions/The Donatelli Group		Transaction ID: 60112.E5660 Date of Disbursement 11 / 22 / 2005
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 50.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTING FEE	Candidate Name	HOSTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 60112.E5703 Date of Disbursement 11 / 30 / 2005
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 5.00
City Atlanta State GA Zip Code 30353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY FEE	Candidate Name	MONTHLY FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1955.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. Campaign Solutions/The Donatelli Group		Transaction ID: 51006.E5602 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 50.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE HOSTING	Category/ Type	WEBSITE HOSTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Jay Conant		Transaction ID: 60112.E5653 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 5730 Corporate Way Suite 220		Amount of Each Disbursement this Period 1900.00
City West Palm Beach State FL Zip Code 33407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Category/ Type	RENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Jay Conant		Transaction ID: 60112.E5672 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 5730 Corporate Way Suite 220		Amount of Each Disbursement this Period 1900.00
City West Palm Beach State FL Zip Code 33407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY RENT	Category/ Type	MONTHLY RENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3850.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 60112.E5649 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 24679		Amount of Each Disbursement this Period 26.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Palm Beach State FL Zip Code 33416-	Category/Type	
Purpose of Disbursement MONTHLY BILL Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	MONTHLY BILL

Full Name (Last, First, Middle Initial) B. Campaign Solutions/The Donatelli Group		Transaction ID: 60118.E5757 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 31.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/Type	
Purpose of Disbursement WEBSITE FEES Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	WEBSITE FEES

Full Name (Last, First, Middle Initial) C. Donna Winterson		Transaction ID: 60112.E5651 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 2412.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Worth State FL Zip Code 33461-	Category/Type	
Purpose of Disbursement SALARY Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	2471.03
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 98

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

A. Full Name (Last, First, Middle Initial)
Wright Patman Congressional FCU

Mailing Address PO Box 3322

City State Zip Code
Oakton VA 22124-4322

Purpose of Disbursement
SEE BELOW:CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60112.E5678

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

210.08

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

SEE BELOW:CREDIT CARD PAY-
MENT

B. Full Name (Last, First, Middle Initial)
Congressional Gift Shop

Mailing Address LONGWORTH HOUSE OFFICE BUILDING

City State Zip Code
Washington DC 20515-

Purpose of Disbursement
CONSTITUENT GIFTS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60112.E5679

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

210.08

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

[MEMO ITEM]
MEMO: CONSTITUENT GIFTS

C. Full Name (Last, First, Middle Initial)
Citibank Credit

Mailing Address PO Box 6575

City State Zip Code
The Lakes NV 88901-

Purpose of Disbursement
SEE BELOW:CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60112.E5676

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

455.90

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

SEE BELOW:CREDIT CARD PAY-
MENT

SUBTOTAL of Disbursements This Page (optional) ►

665.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mark Foley

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 60112.E5677 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 324 ROYAL POINCIANA WAY		Amount of Each Disbursement this Period 455.90
City State Zip Code Palm Beach FL 33480-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TICKET	Candidate Name	[MEMO ITEM] MEMO: AIRLINE TICKET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Florida Power & Light		Transaction ID: 60112.E5664 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address PO Box 025576		Amount of Each Disbursement this Period 89.46
City State Zip Code Miami FL 33102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY BILL	Candidate Name	MONTHLY BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 60112.E5701 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address PO Box 530001		Amount of Each Disbursement this Period 5.00
City State Zip Code Atlanta GA 30353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY FEES	Candidate Name	MONTHLY FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	94.46
TOTAL This Period (last page this line number only) ▶	131693.08