

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

94020010312

A. Full Name, Mailing Address and ZIP Code Iavinia W. Touchton One City Center, Suite 3250 Tampa, FL 33602	Name of Employer n/a	Date (month, day, year) 11/10/93	Amount of Each Receipt this Period 500.00 reattributed
	Occupation housewife		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code George L. Towell P. O. Box 711 Belle Glade, FL 33430	Name of Employer Fantastic Produce	Date (month, day, year) 11/15/93	Amount of Each Receipt this Period 500.00
	Occupation produce		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Finos J. Townley 540 Lone Palm Drive Lakeland, FL 33801	Name of Employer Townley Chemical	Date (month, day, year) 8/31/93	Amount of Each Receipt this Period 100.00
	Occupation chairman		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code Robert H. Traurig 1221 Brickell Avenue, 22nd Floor Miami, FL 33131	Name of Employer Greenberg, Traurig	Date (month, day, year) 7/06/93	Amount of Each Receipt this Period 1,000.00
	Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code Robert H. Traurig 1221 Brickell Avenue, 22nd Floor Miami, FL 33131	Name of Employer Greenberg, Traurig	Date (month, day, year) 11/12/93	Amount of Each Receipt this Period 250.00
	Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Robert H. Traurig 1221 Brickell Avenue, 22nd Floor Miami, FL 33131	Name of Employer Greenberg, Traurig	Date (month, day, year) 12/06/93	Amount of Each Receipt this Period (250.00) redesignated
	Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code Robert H. Traurig 1221 Brickell Avenue, 22nd Floor Miami, FL 33131	Name of Employer Greenberg, Traurig	Date (month, day, year) 12/06/93	Amount of Each Receipt this Period 250.00 redesignated
	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

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