

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Connie Mack

ADDRESS (number and street)
▼

P.O. Box 519

☐Check if different
than previously
reported. (ACC)

Naples

FL

34106

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00391243

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

FL

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

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

Type or Print Name of Treasurer

Craig Engle

Signature of Treasurer

Electronically Filed by Craig Engle

Date

07

14

2008

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

	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)).....	163752.71	1077154.21
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	163552.71	1076954.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	110764.03	611867.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4207.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	110764.03	607659.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	724883.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

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).....

140425.00

778805.79

(ii) Unitemized.....

10124.58

61285.67

(iii) TOTAL of contributions

150549.58

840091.46

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

13203.13

237062.75

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

163752.71

1077154.21

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

4207.48

15. OTHER RECEIPTS

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

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

163752.71

1081361.69

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	110764.03	611867.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS.....	1000.00	4100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	111964.03	616167.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	673094.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	163752.71
25. SUBTOTAL (add Line 23 and Line 24).....	836847.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111964.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	724883.26

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

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

FOR LINE NUMBER: PAGE 5 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Daniel Adams

Mailing Address 2104 West First Street
Suite 2304

City State Zip Code
Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

568.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18715

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)

Hall Adams

Mailing Address 177 Woodley Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18542

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)

Syed Ahmed

Mailing Address 3754 Creekside Dr

City State Zip Code
Sebring FL 33875-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18619

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Syed Ahmed

Mailing Address 3754 Creekside Dr

City

Sebring

State

FL

Zip Code

33875-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18620

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

John Alexander

Mailing Address 327 Sunset Rd

City

Frostproof

State

FL

Zip Code

33843-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alico, Inc

Occupation
Chairman and CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80714.C18595

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)

Grace Andersen

Mailing Address P. O. Box 19426

City

Jacksonville

State

FL

Zip Code

32245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 80414.C18486

Amount of Each Receipt this Period

300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

James Antonic

Mailing Address 9111 Southmont Cv Apt 406
Apt 406

City State Zip Code
Fort Myers FL 33908-6298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18890

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)

Ron Bailey

Mailing Address 912 W Platt St

City State Zip Code
Tampa FL 33606-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battle View Investments

Occupation
administrator

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18767

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)

Sam Bailey

Mailing Address 2589 West Gulf Drive

City State Zip Code
Sanibel FL 33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18950

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)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Sam Bailey

Mailing Address 3103 N Julia Cir

City

Tampa

State

FL

Zip Code

33629-8819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C18812

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)

David Barton

Mailing Address 5718 Driftwood Parkway

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Industrial Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 80714.C18608

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)

David Barton

Mailing Address 5718 Driftwood Parkway

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Industrial Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18838

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)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Margaret Barton

Mailing Address 5781 Driftwood Parkway

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 80714.C18839

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)

Sanae Beckstead

Mailing Address 7092 Placida Rd

City

Placida

State

FL

Zip Code

33946-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Transaction ID: 80714.C18624

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)

Samira Beckwith

Mailing Address 17080 Harbour Point, #1212

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hope Hospice Care

Occupation

President/ CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18668

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)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Helen Bell

Mailing Address 1580 Curlew Ave

City

Naples

State

FL

Zip Code

34102-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Transaction ID: 80714.C18610

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

Clark Berry

Mailing Address 1277 Hanton Ave

City

Fort Myers

State

FL

Zip Code

33901-6716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vernis & BowlingOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: 80714.C18807

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)

Carlos Beruff

Mailing Address 2212 58th Ave E

City

Bradenton

State

FL

Zip Code

34203-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medallian HomesOccupation
developer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18680

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Carlos Beruff

Mailing Address 2212 58th Ave E

City

Bradenton

State

FL

Zip Code

34203-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medallion Homes

Occupation
developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18679

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

William Bone

Mailing Address 300 Eagle Dance Cir

City

Palm Desert

State

CA

Zip Code

92211-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunrise Company

Occupation
Chairman of the Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 80714.C18737

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)

Lewis J. Boyd

Mailing Address 1431 Bishop Road

City

Merritt Island

State

FL

Zip Code

32953

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Space Alliance

Occupation
engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C18592

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)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Lewis J. Boyd

Mailing Address 1431 Bishop Road

City

Merritt Island

State

FL

Zip Code

32953

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Space AllianceOccupation
engineer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	8

Transaction ID: 80714.C18730

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)

Brian Boyle

Mailing Address 2047 McGregor Blvd

City

Fort Myers

State

FL

Zip Code

33901-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	8

Transaction ID: 80714.C18803

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)

Linda Boyle

Mailing Address 14411 Pine Lily Drive

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fink & BoyleOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	8

Transaction ID: 80714.C18898

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Mark Boyle

Mailing Address 14411 Pine Lilly Drive

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fink & Boyle, P.A.

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18899

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)

Audrey Boys

Mailing Address 164 Bristol Lane

City

Naples

State

FL

Zip Code

34112-5485

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
interior design

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18591

Amount of Each Receipt this Period

25.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Allen Ten Broek

Mailing Address 321 Sunset Drive
Apt. 5

City

Fort Lauderdale

State

FL

Zip Code

33301-2651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mariner Advisory Group

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 8

Transaction ID: 80714.C18590

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Anne Brown

Mailing Address 1020 Palm View Dr # 301-2

City

Naples

State

FL

Zip Code

34110-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

real estate sales

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18720

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Alan Brown, Jr

Mailing Address 12522 Grandezza Cir

City

Estero

State

FL

Zip Code

33928-7743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18892

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)

Robert Caldwell

Mailing Address 1511 Galleon Drive

City

Naples

State

FL

Zip Code

34102-7715

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

513.00

Date of Receipt

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

Transaction ID: 80714.C18604

Amount of Each Receipt this Period

150.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Donald Cameron

Mailing Address 625 Rudder Rd

City

Naples

State

FL

Zip Code

34102-5040

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 8

Transaction ID: 80714.C18589

Amount of Each Receipt this Period

25.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Charles H. Carlan

Mailing Address 3420 Oakmont Drive

City

Pensacola

State

FL

Zip Code

32503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hatch Mott MacDonald

Occupation
engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18580

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)

Anita Cereceda

Mailing Address 7307 Estero Blvd

City

Fort Myers Beach

State

FL

Zip Code

33931-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18671

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Anita Cereceda

Mailing Address 7307 Estero Blvd

City

Fort Myers Beach

State

FL

Zip Code

33931-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18852

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)

Robert Cieslukowski

Mailing Address 300 5th Avenue, S
Suite 101

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 80714.C18612

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)

David Clare

Mailing Address 972 Lake House Dr

City

North Palm Beach

State

FL

Zip Code

33408-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 80714.C18650

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)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Sherri Cooner

Mailing Address 16119 Flagg Pond Ln

City

Fort Myers

State

FL

Zip Code

33917-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18863

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)

Claudia Cowart

Mailing Address 1204 Logan Ln

City

Fort Myers

State

FL

Zip Code

33919-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

business owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18722

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)

John L. Crouse

Mailing Address 3308 Higel Avenue

City

Sarasota

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

ministry

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80714.C18593

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Charles Dauray

Mailing Address P.O. Box 97

City

Estero

State

FL

Zip Code

33928

FEC ID number of contributing
federal political committee.

C

Name of Employer
College of Life Foundatio-
n, Inc.

Occupation
chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1769.00

Date of Receipt

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

Transaction ID: 80714.C18724

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Richard Deboest

Mailing Address 1750 Marlyn Rd

City

Fort Myers

State

FL

Zip Code

33901-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18966

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)

Michael Doherty

Mailing Address 5341 SW 11th Ave

City

Cape Coral

State

FL

Zip Code

33914-7078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18853

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)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Celia B. Dosoretz

Mailing Address 13221 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18682

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)

Louise Dowd

Mailing Address 2999 Gardens Blvd.

City

Naples

State

FL

Zip Code

34105-5694

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

309.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18631

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)

Christopher Dudley

Mailing Address 3864 W Millers Bridge Rd

City

Tallahassee

State

FL

Zip Code

32312-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Strategy GroupOccupation
partner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	8

Transaction ID: 80714.C18669

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)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Cathy Eagle

Mailing Address 4134 Erindale Dr

City

North Fort Myers

State

FL

Zip Code

33903-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18884

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)

Scott Edmonds

Mailing Address 11215 Metro Pkwy

City

State

Zip Code

33966-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicos Fashion Inc

Occupation

retail

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 80714.C18826

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)

Mark English

Mailing Address 800 Laurel Oak Drive
Suite 400

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch

Occupation

financial advisor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18717

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)

3100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Mark English

Mailing Address 800 Laurel Oak Drive
Suite 400

City State Zip Code
Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch

Occupation
financial advisor

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18828

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)
Eric Feichthaler

Mailing Address PO Box 152909

City State Zip Code
Cape Coral FL 33915-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18843

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)
Eduardo Fernandez

Mailing Address 4351 N.E. 22nd Ave.

City State Zip Code
Fort Lauderdale FL 33308-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
physician

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C18886

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Michael G. Fink

Mailing Address 1055 Wyomi Drive

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fink & Boyle, P.A.

Occupation
attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18907

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)

Michael G. Fink

Mailing Address 1055 Wyomi Drive

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fink & Boyle, P.A.

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18906

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)

Thomas Fiorentino

Mailing Address 1520 Sawgrass Village Drive
#373

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fiorentino and Hewett

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18873

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Thelma H. Fletcher

Mailing Address 2220 N.W. 23rd Terrace

City State Zip Code
 Gainesville FL 32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
real estate broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 8

Transaction ID: 80714.C18569

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Cheryl Flood

Mailing Address 653 Hickory Rd

City State Zip Code
 Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 8

Transaction ID: 80414.C18476

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)

Thomas Flood

Mailing Address 17 Nurmi Drive

City State Zip Code
 Fort Lauderdale FL 33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 8

Transaction ID: 80414.C18477

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)

3050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Elizabeth Fogg

Mailing Address 1900 Gulf Shore Blvd N Apt 506

City

Naples

State

FL

Zip Code

34102-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

Transaction ID: 80714.C18560

Amount of Each Receipt this Period

50.00

Receipt

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

Full Name (Last, First, Middle Initial)

Peter Fortune

Mailing Address 1014 Nelsons Walk

City

Naples

State

FL

Zip Code

34102-7835

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Transaction ID: 80714.C18529

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)

Joseph Foster

Mailing Address 7509 Cordoba Circle

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Wright Morris & Ar-
thurOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 80714.C18599

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)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Joseph Foster

Mailing Address 7509 Cordoba Circle

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Wright Morris & Ar-
thurOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: 80714.C18805

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)

Connie Galloway

Mailing Address 7621 Bay Colony Drive

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

Transaction ID: 80714.C18492

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)

Thomas Galloway

Mailing Address 7621 Bay Colony Drive

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Communications Corp. of
AmericOccupation
business executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

Transaction ID: 80714.C18491

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

John J. Gannon

Mailing Address 60 Seagate Drive
Unit 1105

City State Zip Code
Naples FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 80714.C18739

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)

Katherine Gentile

Mailing Address 1214 SE 21st St

City State Zip Code
Cape Coral FL 33990-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18861

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)

Dennis Gilkey

Mailing Address 27850 Riverwalk Way

City State Zip Code
Bonita Springs FL 34134-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bonita Bay Group

Occupation
President/ CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18696

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Beverly Grady

Mailing Address 1276 Osceola Dr

City

Fort Myers

State

FL

Zip Code

33901-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C18850

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)

Bruce Grady

Mailing Address 1276 Osceola Dr.

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roetsel & Andress

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C18849

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)

Michael Grant

Mailing Address PO Box 494397

City

Port Charlotte

State

FL

Zip Code

33949-4397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ambitrans

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 80714.C18662

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jennifer Green

Mailing Address PO Box 46

City

Tallahassee

State

FL

Zip Code

32302-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Partners of FLOccupation
consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18841

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)

Katherine Green

Mailing Address 1307 Plumosa Drive

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bonita Bay GroupOccupation
President/CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 80714.C18857

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)

Raymond Green III

Mailing Address PO Box 46

City

Tallahassee

State

FL

Zip Code

32302-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Restaurant & Lodging
AssocOccupation
Membership Sales

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18842

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)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Angelica Guckes

Mailing Address 4351 N.E. 22nd Ave

City

Fort Lauderdale

State

FL

Zip Code

33308-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	8

Transaction ID: 80714.C18885

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)

Arnold Haahe

Mailing Address 28614 Highgate Drive
The Lake Club at Spanish Wells

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 80714.C18611

Amount of Each Receipt this Period

50.00

Receipt

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

Full Name (Last, First, Middle Initial)

Margaret Hackett

Mailing Address 6400 Taylor Rd Unit 111
Lot 111

City

Punta Gorda

State

FL

Zip Code

33950-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18834

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)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Alexander Haig, Jr.

Mailing Address 622 N. Flagler Drive
Apt. 801

City State Zip Code
West Palm Beach FL 33401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
businessman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18520

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)

Frank Halas

Mailing Address 405 Flamingo Ave

City State Zip Code
Naples FL 34108-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18711

Amount of Each Receipt this Period

150.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Tammara Hall

Mailing Address PO Box 1476

City State Zip Code
Fort Myers FL 33902-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Co Govt

Occupation
Elected Ofc.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18827

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)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Ron Hamel

Mailing Address PO Box 1631

City

State

Zip Code

Labelle

FL

33975-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Citrus Growers Assn.

Occupation

Assoc Management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 80414.C18485

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)

Stephen Hanover

Mailing Address 154 SW 53rd Street

City

State

Zip Code

Cape Coral

FL

33914

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80714.C18741

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Harold C Hanson

Mailing Address 24070 Copperleaf Blvd

City

State

Zip Code

Bonita Springs

FL

34135-8169

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Lawyer - retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18640

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

C. Howard Hardesty, Jr.

Mailing Address 4815 Saint James Ave

City

Vero Beach

State

FL

Zip Code

32967-7355

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18909

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)

Lindsay Harrington

Mailing Address 315 W. Grace St.

City

Punta Gorda

State

FL

Zip Code

33950-5940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18897

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)

Larry D. Hart

Mailing Address 1469 Moreno Ave

City

Fort Myers

State

FL

Zip Code

33901-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18860

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)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Richard Heckman

Mailing Address 72551 Clancy Ln

City

Rancho Mirage

State

CA

Zip Code

92270-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heckman Enterprises Inc.

Occupation
president

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80714.C18751

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)

James D. Henderson

Mailing Address 3611 S.W. 63rd Lane

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18538

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)

William Hendrickson

Mailing Address 160 Moorings Park Dr., #J305

City

Naples

State

FL

Zip Code

34105

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80714.C18661

Amount of Each Receipt this Period

300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Robert Himschoot

Mailing Address 6482 Morgan La Fee Lane

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crews Environmental

Occupation

president/owner

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18693

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)

Robert Himschoot

Mailing Address 6482 Morgan La Fee Lane

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crews Environmental

Occupation

president/owner

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 80714.C18851

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)

Theresa Himschoot-Mitchell

Mailing Address PO Box 874

City

Fort Myers

State

FL

Zip Code

33902-0874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18859

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Alfred Hoffman

Mailing Address 24301 Walden Center Drive

City

Bonita Springs

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

real estate development

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C18498

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)

Artemas Holmes

Mailing Address 2330 Jonila Ave

City

Lakeland

State

FL

Zip Code

33803-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: 80714.C18583

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)

Laura Holquist

Mailing Address 15696 Light Blue Circle

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allete Properties, Inc.

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18689

Amount of Each Receipt this Period

300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Richard Hopkins

Mailing Address 800 S. Blvd. of Presidents, #14

City

Sarasota

State

FL

Zip Code

34236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida State Theater

Occupation

artistic director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18572

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)

Gareth K. Hudson

Mailing Address 880 Deep Lagoon Lane

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18840

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)

James Humphrey

Mailing Address 1657 Menlo Road

City

Fort Myers

State

FL

Zip Code

33901-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Fort Myers/Fowler
Whit

Occupation

Mayor/Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18698

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)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Constance Hunter

Mailing Address 4329 S Atlantic Ave

City

Ponce Inlet

State

FL

Zip Code

32127-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: 80714.C18623

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)

Kate Ireland

Mailing Address 13656 Tenacity Lane

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
volunteer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18543

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)

Thomas James

Mailing Address 9341 Silverthorn

City

Largo

State

FL

Zip Code

33777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raymond James Financial

Occupation
ceo

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C18519

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)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Lynda Janes

Mailing Address 1203 Kittiwake Cir

City

Sanibel

State

FL

Zip Code

33957-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18864

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)

Frank Jenkins

Mailing Address 11951 Palomino Lane

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborside Custom Homes

Occupation

self employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18825

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)

Jerome Johns

Mailing Address PO Box 460

City

Starke

State

FL

Zip Code

32091-0460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community State Bank

Occupation

c.e.o.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: 80714.C18605

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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Bernard Johnson

Mailing Address PO Box 7

City

Matlacha

State

FL

Zip Code

33993-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18489

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)

Richard Johnston

Mailing Address 12511 Marina Club Dr

City

Fort Myers

State

FL

Zip Code

33919-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18854

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)

Constance A. Jones

Mailing Address 20103 Cheetah LN

City

Estero

State

FL

Zip Code

33928-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Co School District

Occupation
Asst. Supt/Chief Academic Ofcr

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18632

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)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Darcy Joseph

Mailing Address 294 W Crestview Dr

City

Palm Springs

State

CA

Zip Code

92264-8970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18754

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 Jursinski

Mailing Address 7800 University Pointe Drive
Suite 200

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18636

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)

Kevin Jursinski

Mailing Address 7800 University Pointe Drive
Suite 200

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18793

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)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Patricia Justice

Mailing Address 1117 Lucerne Avenue

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18528

Amount of Each Receipt this Period

300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Elizabeth Kagan

Mailing Address 6981 Lake Devonwood Drive

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18969

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)

Michael Katin

Mailing Address 2234 Colonial Blvd.

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiation Therapy Associa-
tes

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C18889

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)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jacqueline Kay

Mailing Address 5280 Manatee Bay Lane

City

Fort Myers

State

FL

Zip Code

33905

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80714.C18541

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)

Sharon Kenny

Mailing Address 411 17th Avenue, S

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
writer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18710

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)

Raemali King

Mailing Address 1301 Spanish River Road

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingworld Productions

Occupation
broadcasting

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C18596

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Martha Kinkaid

Mailing Address 349 Broad Ave N

City

Naples

State

FL

Zip Code

34102-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Transaction ID: 80714.C18768

Amount of Each Receipt this Period

300.00

Receipt

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

Full Name (Last, First, Middle Initial)

Martin Klingenberg

Mailing Address 1455 Blue Paint Avenue

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: 80714.C18792

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)

Gerald Laboda

Mailing Address 9904 Bellagio Ct.

City

Fort Myers

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW FL Oral & Facial Surge-
ry

Occupation

doctor

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18874

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)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Sheila Laboda

Mailing Address 9904 Bellagio Ct.

City

Fort Myers

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Palm Travel

Occupation

travel consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18875

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)

Bruce Laishley

Mailing Address 627 Brindisi Court

City

Punta Gorda

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laishley Marine

Occupation

marine supplies

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18887

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)

C. Barbara Laishley

Mailing Address 12604 Panasoffkee Dr

City

North Fort Myers

State

FL

Zip Code

33903-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18888

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)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

John Langley

Mailing Address 5155 Sand Dollar Ln

City

Naples

State

FL

Zip Code

34103-2410

FEC ID number of contributing
federal political committee.**C**Name of Employer
MedScribe Information Sys,
Inc

Occupation

ceo

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18847

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)

Antonino Lapi

Mailing Address 4341 W Gulf Dr

City

Sanibel

State

FL

Zip Code

33957-5105

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	8

Transaction ID: 80714.C18814

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)

Gary Lee

Mailing Address 15136 Anchorage Way

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.**C**Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18967

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)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

D. Herbert Lipson

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phil & Boston Magazine

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18497

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)

Christine Long

Mailing Address 55 Lagoon Dr

City

State

Zip Code

North Fort Myers

FL

33903-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18858

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)

J. Robert Long

Mailing Address 2443 SW Pine Island Road

City

State

Zip Code

Cape Coral

FL

33991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Concepts

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18701

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

J. Robert Long

Mailing Address 2443 SW Pine Island Road

City

Cape Coral

State

FL

Zip Code

33991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Concepts

Occupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18831

Amount of Each Receipt this Period

300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

J. Robert Long

Mailing Address 2443 SW Pine Island Road

City

Cape Coral

State

FL

Zip Code

33991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Concepts

Occupation
owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18832

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)

Kevin Long

Mailing Address 1027 Edgemere Dr

City

Fort Myers

State

FL

Zip Code

33919-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Concepts

Occupation
project manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18821

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Brian Lucas

Mailing Address 13130 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bonita Bay Group

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C18870

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)

Cynthia Lyster

Mailing Address 5931 Barclay Ln

City

Naples

State

FL

Zip Code

34110-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18716

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)

Rita Martin

Mailing Address PO Box 6699

City

Burbank

State

CA

Zip Code

91510-6699

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18736

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)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Tom Martin III

Mailing Address PO Box 6699

City

Burbank

State

CA

Zip Code

91510-6699

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

Transaction ID: 80714.C18735

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)

E. Morgan Massey

Mailing Address 6978 SE Harbor Cir

City

Stuart

State

FL

Zip Code

34996-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evan Energy InvestmentsOccupation
Owner/Chairman

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: 80714.C18914

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)

Marjorie Mathers

Mailing Address 4912 Orange Grove Blvd.

City

Fort Myers

State

FL

Zip Code

33903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red Diamond Real EstateOccupation
broker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Transaction ID: 80714.C18718

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Marie McCallum

Mailing Address 2400 Crystal Cove Lane
Apt. 1222

City State Zip Code
FL 32550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18927

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael McCleod

Mailing Address 10070 Magnolia Pointe

City State Zip Code
Fort Myers FL 33919-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Cancer Specialists

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80714.C18517

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)

Rosemary McCorkle

Mailing Address 13910 Mandarin Oaks Lane

City State Zip Code
Jacksonville FL 32223

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18550

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Mary McGillicuddy

Mailing Address 2820 SE 19th PL

City

Cape Coral

State

FL

Zip Code

33904-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health SystemOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	8

Transaction ID: 80714.C18811

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)

Julianne C. McKeel

Mailing Address 3106 Sunset Drive

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Transaction ID: 80714.C18500

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)

Alvin McQuinn

Mailing Address 1551 Gulf Shore Blvd S

City

Naples

State

FL

Zip Code

34102-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: 80714.C18643

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)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Mary McQuinn

Mailing Address 1551 Gulf Shore Blvd S

City

Naples

State

FL

Zip Code

34102-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: 80714.C18641

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Mary McQuinn

Mailing Address 1551 Gulf Shore Blvd S

City

Naples

State

FL

Zip Code

34102-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: 80714.C18642

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

John Miksa

Mailing Address 2071 S.E. 28th Street

City

Cape Coral

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
surgeon

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18824

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)

5100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Wainwright Miller

Mailing Address 1299 Plumosa Drive

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	0	8

Transaction ID: 80714.C18665

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)

Timothy Mitchell

Mailing Address 2996 Hanson St

City

Fort Myers

State

FL

Zip Code

33916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suncoast Beverage SalesOccupation
vice president

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18726

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)

Donna S. Moore

Mailing Address 8976 Crooked Stick Ct

City

Naples

State

FL

Zip Code

34113-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
n/a

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18837

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Donnah Moore

Mailing Address 1055 Wyomi Dr.

City

Fort Myers

State

FL

Zip Code

33919-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
accounting

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18877

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 P. Moore

Mailing Address 8976 Crooked Stick Ct

City

Naples

State

FL

Zip Code

34113-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rooney Holdings, Inc.

Occupation
c.f.o.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18836

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)

Of Mission Indians Morongo Band

Mailing Address Native American Rights Fund
11581 Potrero Rd

City

Banning

State

CA

Zip Code

92220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18758

Amount of Each Receipt this Period

1300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Of Mission Indians Morongo Band

Mailing Address Native American Rights Fund
11581 Potrero Rd

City State Zip Code
Banning CA 92220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18759

Amount of Each Receipt this Period

1900.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
H. Gary Morse

Mailing Address 1020 Lake Sumter Lndg

City State Zip Code
The Villages FL 32162-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Villages

Occupation
ceo

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18673

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
H. Gary Morse

Mailing Address 1020 Lake Sumter Lndg

City State Zip Code
The Villages FL 32162-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Villages

Occupation
ceo

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18672

Amount of Each Receipt this Period

2300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Renee Morse

Mailing Address 1020 Lake Sumter Lndg

City

The Villages

State

FL

Zip Code

32162-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18674

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Renee Morse

Mailing Address 1020 Lake Sumter Lndg

City

The Villages

State

FL

Zip Code

32162-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18675

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Patricia Murdock

Mailing Address 100 Worth Avenue #705

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18501

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)

4700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Patricia Murdock

Mailing Address 100 Worth Avenue #705

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18915

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)

Ellis Naegele

Mailing Address 7993 Via Vecchia

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80714.C18654

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)

Robert O. Naegele

Mailing Address 7993 Via Vecchia

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80714.C18653

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)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

James Nathan

Mailing Address 14611 Seabury Court

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health Systems

Occupation

hospital administrator

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C18794

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)

Gerald Nichols

Mailing Address 4548 Mundy Dr

City

Jacksonville

State

FL

Zip Code

32207-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C18587

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)

Nelson Nieves

Mailing Address 3511 North Road

City

Fort Myers

State

FL

Zip Code

33917-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Synergy Contractors, Inc.

Occupation

business owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18891

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)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Gary Oatey

Mailing Address 5663 Baltusrol Ct

City

Sanibel

State

FL

Zip Code

33957-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oatey CoOccupation
chairman

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 80714.C18789

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)

Robert Oster

Mailing Address 540 Bald Eagle Drive

City

Naples

State

FL

Zip Code

34105-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deltrol ControlsOccupation
controls

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	8

Transaction ID: 80714.C18732

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)

Katherine Pallas

Mailing Address 8231 Bay Colony Dr.

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18678

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

The Halstatt Partnership

Mailing Address 2600 Golden Gate Parkway

City State Zip Code
 Naples FL 34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C18562

Amount of Each Receipt this Period

500.00

In-Kind

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

B.

Full Name (Last, First, Middle Initial)

John Passidomo

Mailing Address 2200 Southwinds Dr.

City State Zip Code
 Naples FL 34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cheffy Passidomo Wilson
& John

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 8 / 2 0 0 8

Transaction ID: 80414.C18488

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)

Janet R. Pease

Mailing Address 954 Bal Isle Drive

City State Zip Code
 Fort Myers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 80714.C18660

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Fred Perry

Mailing Address 1298 Par View Drive

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18530

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)

Helen K. Persson

Mailing Address 11460 Lost Tree Way

City

North Palm Beach

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18765

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)

Philip Peterson

Mailing Address 11193 NE 8th Court

City

Miami

State

FL

Zip Code

33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C18586

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Philip Peterson

Mailing Address 11193 NE 8th Court

City

Miami

State

FL

Zip Code

33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 80714.C18607

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Gordon Pierce

Mailing Address 236 Morton Ln

City

Winter Springs

State

FL

Zip Code

32708-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18554

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Craig Pisis-Henderson

Mailing Address 12720 Terabella Way

City

Fort Myers

State

FL

Zip Code

33912-0911

FEC ID number of contributing
federal political committee.

C

Name of Employer
FindWhat.com

Occupation
chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18865

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)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

John Pollock

Mailing Address 3533 Stuart Ct

City

Fort Myers

State

FL

Zip Code

33901-7736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C18869

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)

Harry C. Powell

Mailing Address 1100 Homestead Road, N.

City

Lehigh Acres

State

FL

Zip Code

33936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landex Corporation

Occupation

real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18573

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)

Carlos Puentes

Mailing Address 14534 Majestic Eagle Ct

City

Fort Myers

State

FL

Zip Code

33912-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dell Inc

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18846

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)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Douglas Rankin

Mailing Address 2335 Tamiami Trail, N
Suite 308

City State Zip Code
Naples FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18788

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 Reddington

Mailing Address 3746 W Gulf Dr

City State Zip Code
Sanibel FL 33957-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18815

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)

Greg Renker

Mailing Address 5959 Topanga Canyon Blvd Ste 180
Suite 180

City State Zip Code
Woodland Hills CA 91367-7513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guthy-Renker

Occupation
ceo

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80714.C18738

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)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Stacey Renker

Mailing Address 5959 Topanga Canyon Blvd Ste 180
Suite 180City State Zip Code
Woodland Hills CA 91367-7513FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information RequestedReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80714.C18760

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)

Thomas J. Rice

Mailing Address 13130 Placida Point Court

City State Zip Code
Placida FL 33946FEC ID number of contributing
federal political committee.

C

Name of Employer
HCAOccupation
hospital administratorReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80714.C18819

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)

Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City State Zip Code
Sanibel FL 33957FEC ID number of contributing
federal political committee.

C

Name of Employer
Edison National BankOccupation
bankerReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 80714.C18744

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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Francis Rooney

Mailing Address 1400 Gulf Shore Blvd N Ste 184
Suite 184

City State Zip Code
Naples FL 34102-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rooney Holdings, Inc.

Occupation
president

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 80714.C18835

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City State Zip Code
Palm Beach FL 33480-4263

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80714.C18534

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)

Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N Apt 12
Apt. 12

City State Zip Code
Naples FL 34103-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2936.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18637

Amount of Each Receipt this Period

1318.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3868.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Herbert J. Rowe

Mailing Address 4601 Gulf Shore Blvd N Apt 12
Apt. 12

City	State	Zip Code
Naples	FL	34103-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired
 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 3618.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	8

Transaction ID: 80714.C18638

Amount of Each Receipt this Period

682.00

Receipt

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

Full Name (Last, First, Middle Initial)

Judy Royal

Mailing Address 15880 Summerlin Rd.
Suite 300pmb 409

City	State	Zip Code
Fort Myers	FL	33908-9613

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired
 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	8

Transaction ID: 80714.C18521

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)

Judy Royal

Mailing Address 15880 Summerlin Rd.
Suite 300pmb 409

City	State	Zip Code
Fort Myers	FL	33908-9613

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired
 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	8

Transaction ID: 80714.C18804

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)

882.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Betty Rubenstein

Mailing Address 13301 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18705

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)

Betty Rubenstein

Mailing Address 13301 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18894

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)

James Rubenstein

Mailing Address 13301 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Oncology

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18704

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)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

James Rubenstein

Mailing Address 13301 Ponderosa Way

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century OncologyOccupation
physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18893

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)

Mary Ruhlin

Mailing Address 110 Rimini Way

City

North Venice

State

FL

Zip Code

34275-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: 80714.C18917

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)

Bruce A. Samson

Mailing Address 3203 Bayshore Blvd., #602

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Transaction ID: 80714.C18503

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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Erleene Sanders

Mailing Address 1300 Shadow Lane

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18844

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)

Edmund Sanderson

Mailing Address 4875 Pelican Colony Blvd.
Apt. 1904

City

Bonita Springs

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80714.C18518

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)

John E. Scanlon

Mailing Address 766 Cape View Dr

City

Fort Myers

State

FL

Zip Code

33919-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Scanlon Auto Group

Occupation
auto dealer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C18800

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)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jerry H. Schmoyer

Mailing Address 1372 Osceola Drive

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miromar Development

Occupation
developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18871

Amount of Each Receipt this Period

300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Jerry H. Schmoyer

Mailing Address 1372 Osceola Drive

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miromar Development

Occupation
developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18872

Amount of Each Receipt this Period

700.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Lindsey Schmoyer

Mailing Address 1031 Edgemere Dr.

City

Fort Myers

State

FL

Zip Code

33919-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
real estate broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18868

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Esther Schultz

Mailing Address PO Box 08549

City

Fort Myers

State

FL

Zip Code

33908-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

n/a

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18721

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)

Annette Scott

Mailing Address 3150 Gordon Drive

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

interior decorator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 80714.C18734

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Krista Scott

Mailing Address 90 Cardinal Dr

City

Fort Myers

State

FL

Zip Code

33917-5315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henderson Franklin Law Fi-
rm

Occupation
receptionist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18747

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)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

A. J. Scribante

Mailing Address 2969 Wulfert Road

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vital Learning

Occupation
chairman/c.e.o.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18616

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

A. J. Scribante

Mailing Address 2969 Wulfert Road

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vital Learning

Occupation
chairman/c.e.o.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18615

Amount of Each Receipt this Period

1300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Lynda Scribante

Mailing Address 2969 Wulfert Road

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18617

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

5900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Lynda Scribante

Mailing Address 2969 Wulfert Road

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18618

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Stuart Senneff

Mailing Address 5390 Harborage Dr

City

Fort Myers

State

FL

Zip Code

33908-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Special Agent FBI retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18845

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)

Richard Shanahan

Mailing Address 427 Barcelona Court

City

Marco Island

State

FL

Zip Code

34145

FEC ID number of contributing
federal political committee.

C

Name of Employer
WCI Realty

Occupation
realtor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80714.C18565

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)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Richard Shanahan

Mailing Address 427 Barcelona Court

City State Zip Code
 Marco Island FL 34145

FEC ID number of contributing federal political committee.

C

Name of Employer
WCI RealtyOccupation
realtor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: 80714.C18601

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)

James Shine

Mailing Address 1417 Wedgeworth Road

City State Zip Code
 Belle Glade FL 33430

FEC ID number of contributing federal political committee.

C

Name of Employer
Sugar Cane Growers Corpor-
ationOccupation
scientist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: 80714.C18613

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)

C. Brightman Skinner

Mailing Address 6210 San Jose Blvd W

City State Zip Code
 Jacksonville FL 32217-2370

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
forestry

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18911

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)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Marilyn Smith

Mailing Address 2460 McGregor Blvd.

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C18746

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)

Ramsey Smith

Mailing Address 1150 Vesper Dr

City

Fort Myers

State

FL

Zip Code

33901-8744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18902

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)

Sawyer Smith

Mailing Address 12131 Coyle Rd

City

Fort Myers

State

FL

Zip Code

33905-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilbur Smith Law Firm

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18900

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)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Wayne O Smith

Mailing Address 1385 Wood Duck Trl

City

Naples

State

FL

Zip Code

34108-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	8

Transaction ID: 80714.C18757

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)

Wilbur C. Smith

Mailing Address 2460 McGregor Blvd

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: 80714.C18745

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)

John Sorey

Mailing Address 220 Gulf Shore Blvd. N

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of NaplesOccupation
Member of Naples City Council

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18700

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Judith Spann

Mailing Address 5731 Harborage Dr

City

Fort Myers

State

FL

Zip Code

33908-4551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18867

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)

John Spears

Mailing Address 1285 Gulf Shore Blvd. North
Apt. 7-A

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tweedy Browne Co.

Occupation

Investment Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18652

Amount of Each Receipt this Period

450.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

John Spears

Mailing Address 1285 Gulf Shore Blvd. North
Apt. 7-A

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tweedy Browne Co.

Occupation

Investment Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18651

Amount of Each Receipt this Period

550.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Donald Spencer

Mailing Address 2180 Sparrow Ct

City

Sarasota

State

FL

Zip Code

34239-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine ConceptsOccupation
executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	8

Transaction ID: 80714.C18833

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)

William Spinelli

Mailing Address 3927 Arnold Avenue

City

Naples

State

FL

Zip Code

34104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Titan Custom HomesOccupation
home builder

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18677

Amount of Each Receipt this Period

2300.00

Receipt

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

Full Name (Last, First, Middle Initial)

William Spinelli

Mailing Address 3927 Arnold Avenue

City

Naples

State

FL

Zip Code

34104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Titan Custom HomesOccupation
home builder

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18676

Amount of Each Receipt this Period

1800.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Robert Starr

Mailing Address 3152 Willow Rd

City

Punta Gorda

State

FL

Zip Code

33982-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18862

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)

Michael Strayhorn

Mailing Address 5670 Harborage Dr

City

Fort Myers

State

FL

Zip Code

33908-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18866

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)

Charles Sues

Mailing Address 2710 Sailors Way

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80714.C18629

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

J. Kenneth Tate

Mailing Address 4500 N Hills Dr

City

Hollywood

State

FL

Zip Code

33021-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 80714.C18980

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)

Joanne Tate

Mailing Address 1175 N.E. 125th Street, Suite 102

City

North Miami

State

FL

Zip Code

33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 80714.C18981

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)

Cathy Thompson

Mailing Address 1318 Wales Drive

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1169.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: 80714.C18699

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Nicholas Thompson

Mailing Address 1318 Wales Drive

City

Fort Myers

State

FL

Zip Code

33901-7742

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Florida

Occupation

state representative

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	8

Transaction ID: 80714.C18856

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)

Gregg Truxton

Mailing Address 12800 University Dr Ste 350
Suite 350

City

Fort Myers

State

FL

Zip Code

33907-5344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolanos Truxton PA

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: 80714.C18830

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)

Maureen Valiquette

Mailing Address 1206 Bay Drive

City

Sanibel

State

FL

Zip Code

33957-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: 80714.C18809

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Michael Valiquette

Mailing Address 1206 Bay Drive

City

Sanibel

State

FL

Zip Code

33957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandcastle Construction
Co. Inc.

Occupation

Building contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18808

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)

Joseph Viacava

Mailing Address 1415 Hendry St

City

Fort Myers

State

FL

Zip Code

33901-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18876

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)

Mark Viars

Mailing Address 8433 Cypress Dr S

City

State

Zip Code

33967-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Home Entertainment

Occupation

System Designer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 8

Transaction ID: 80714.C18829

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Augusto Villalon

Mailing Address 3859 Cruz Drive

City

Saint James City

State

FL

Zip Code

33956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aricon Marine Consultants,
Inc

Occupation

marine engineer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18649

Amount of Each Receipt this Period

400.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Jacques Vinmont

Mailing Address 21 Aspen Court

City

Boynton Beach

State

FL

Zip Code

33436

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: 80714.C18574

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)

David Wagner

Mailing Address PO Box 1950

City

Boca Grande

State

FL

Zip Code

33921

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: 80714.C18602

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)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Kenneth Walker

Mailing Address 1920 Virginia Avenue, #803

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edison Community CollegeOccupation
president

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	8

Transaction ID: 80714.C18901

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)

John Warfield

Mailing Address 3893 Woodlake Drive

City

Bonita Springs

State

FL

Zip Code

34134-8608

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Frederick Motor Co.Occupation
Automobile Dealer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	8

Transaction ID: 80714.C18625

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)

Nanelle Wehmann

Mailing Address 5721 Sanibel Captiva Rd

City

Sanibel

State

FL

Zip Code

33957-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	8

Transaction ID: 80714.C18818

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Steven West

Mailing Address 15636 Fiddlesticks Blvd

City

Fort Myers

State

FL

Zip Code

33912-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
SW F

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80714.C18663

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)

Steven West

Mailing Address 15636 Fiddlesticks Blvd

City

Fort Myers

State

FL

Zip Code

33912-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
SW F

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18798

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)

Randy White

Mailing Address PO Box 486

City

Pineland

State

FL

Zip Code

33945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Author

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 80714.C18817

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Don E. Williamson

Mailing Address 2037 SE 28th St

City

Cape Coral

State

FL

Zip Code

33904-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williamson Eye Center

Occupation
optometrist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80714.C18494

Amount of Each Receipt this Period

300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Harvey Youngquist

Mailing Address 15465 Pine Ridge Rd

City

Fort Myers

State

FL

Zip Code

33908-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Youngquist Brothers, Inc

Occupation
Well Drilling

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18978

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Harvey Youngquist

Mailing Address 15465 Pine Ridge Rd

City

Fort Myers

State

FL

Zip Code

33908-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Youngquist Brothers, Inc

Occupation
Well Drilling

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 80714.C18979

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)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jovan Zepcevski

Mailing Address 7802 Jean Blvd.

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zep Construction, Inc.

Occupation

Marine Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80714.C18540

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)

Robert Zimmerman

Mailing Address 2422 Terra Verde Lane

City

Naples

State

FL

Zip Code

34105-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C18585

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)

700.00

TOTAL This Period (last page this line number only)

140425.00

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

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

FOR LINE NUMBER: PAGE 89 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue, N.W.

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C18895

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)

Colonial Bank Florida Pac

Mailing Address 1 Commerce St

City

Montgomery

State

AL

Zip Code

36104-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C18848

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)

Crowley Maritime Corporation Federal PAC

Mailing Address 575 7th St NW

City

Washington

State

DC

Zip Code

20004-1607

FEC ID number of contributing
federal political committee.

C C00147231

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80714.C18670

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)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

CSX Good Govt. Fund

Mailing Address 1331 Pennsylvania Avenue, NW
Suite 560

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80714.C18561

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)

Free And Strong American Pac, Inc

Mailing Address 585 Commercial St

City State Zip Code
Boston MA 02109-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C18970

Amount of Each Receipt this Period

1500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Honeywell International PAC

Mailing Address 101 Constitution Ave, NW
Suite 500 West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80714.C18582

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Parsons Corporation PAC

Mailing Address 1133 Fifteenth Street, NW
Suite 800

City State Zip Code
Washington DC 20005-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18973

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)

PCI PAC

Mailing Address 2600 S. River Road

City State Zip Code
Des Plaines IL 60018

FEC ID number of contributing
federal political committee.

C C00066472

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18820

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)

Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 80714.C18567

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Romney For President

Mailing Address PO Box 55239

City

Boston

State

MA

Zip Code

02205-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80714.C18762

Amount of Each Receipt this Period

105.13

In-Kind

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

contact list expense

B.

Full Name (Last, First, Middle Initial)

Romney For President

Mailing Address PO Box 55239

City

Boston

State

MA

Zip Code

02205-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1203.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 80714.C18761

Amount of Each Receipt this Period

1098.00

In-Kind

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

contact list expense

C.

Full Name (Last, First, Middle Initial)

Sandler, Travis, & Rosenberg Pac

Mailing Address 5200 Blue Lagoon Dr Ste 600
Suite 600

City

Miami

State

FL

Zip Code

33126-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C18896

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)

2203.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Truck PAC

Mailing Address 430 First Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 80714.C18614

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)

United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE
Suite 300

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00064766

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C18522

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)

1500.00

TOTAL This Period (last page this line number only)

13203.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack**A.**Full Name (Last, First, Middle Initial)
Romney For President

Mailing Address PO Box 55239

City Boston State MA Zip Code 02205-5239

Purpose of Disbursement
contact list expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.C18761IK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

1098.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53IN KIND: CONTACT LIST EXP-
ENSE**B.**Full Name (Last, First, Middle Initial)
Romney For President

Mailing Address PO Box 55239

City Boston State MA Zip Code 02205-5239

Purpose of Disbursement
contact list expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.C18762IK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

105.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53IN KIND: CONTACT LIST EXP-
ENSE**C.**Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
Political Consulting Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)

3203.13

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)

PAGE 95 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
Expense Reimbursement
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E3986
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EXPENSE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
Political Consulting Fee
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4089
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING FEE

C.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement
Political Consulting Fee
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4158
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Florida Department of State Mailing Address 500 S. Boronough, #316	Transaction ID: 80714.E4085 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 8</div> </div>
City Tallahassee State FL Zip Code 32399- Purpose of Disbursement ballot qualifying 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) ▼	Amount of Each Disbursement this Period <div>9912.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BALLOT QUALIFYING FEE
B. Full Name (Last, First, Middle Initial) Mr. Rob Jennings Mailing Address American Event Consulting, Inc. 501 L St NW City Washington State DC Zip Code 20001- Purpose of Disbursement Fundraising Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80415.E3978 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING FEE
C. Full Name (Last, First, Middle Initial) Mr. Rob Jennings Mailing Address American Event Consulting, Inc. 501 L St NW City Washington State DC Zip Code 20001- Purpose of Disbursement Fundraising Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4088 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional)

11912.00

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 97 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Mr. Rob Jennings	Transaction ID: 80714.E4157 Date of Disbursement
Mailing Address American Event Consulting, Inc. 501 L St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Fundraising Consulting Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FUNDRAISING CONSULTING FEE
B. Full Name (Last, First, Middle Initial) Connie Mack	Transaction ID: 80714.E4213 Date of Disbursement
Mailing Address 3604 Oakland Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22310-	Amount of Each Disbursement this Period <div>609.38</div>
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼ REIMBURSEMENT: SEE BELOW
C. Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: 80714.E4214 Date of Disbursement
Mailing Address 5019 S. Cleveland Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City Fort Myers State FL Zip Code 33907-	Amount of Each Disbursement this Period <div>609.38</div>
Purpose of Disbursement campaign equipment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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: CAMPAIGN EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)

1609.38

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 98 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) The Halstatt Partnership Mailing Address 2600 Golden Gate Parkway	Transaction ID: 80714.C18562IK Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34105- Purpose of Disbursement 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) ▼	Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND:
B. Full Name (Last, First, Middle Initial) Florida Business Information, Inc. Mailing Address PO Box 193 City Bell State FL Zip Code 32619- Purpose of Disbursement newspaper clipping service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80415.E3988 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>130.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEWSPAPER CLIPPING SERVICE
C. Full Name (Last, First, Middle Initial) Florida Business Information, Inc. Mailing Address PO Box 193 City Bell State FL Zip Code 32619- Purpose of Disbursement newspaper clipping service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4096 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>130.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEWSPAPER CLIPPING SERVICE

SUBTOTAL of Disbursements This Page (optional)

760.00

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 99 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

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

Mailing Address PO Box 193

City State Zip Code
 Bell FL 32619-

Purpose of Disbursement
 newspaper clipping service
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4164
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

NEWSPAPER CLIPPING SERVICE

B. Full Name (Last, First, Middle Initial)
 Charlotte County Republican Club

Mailing Address PO Box 512332

City State Zip Code
 Punta Gorda FL 33951-2332

Purpose of Disbursement
 annual dues
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4086
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

ANNUAL DUES

C. Full Name (Last, First, Middle Initial)
 Business Card (formerly Platinum Plus)

Mailing Address PO Box 15710

City State Zip Code
 Wilmington DE 19886-5710

Purpose of Disbursement
 Credit Card fees
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E3996
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

170.00

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 100 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)	Transaction ID: 80714.E4144 Date of Disbursement
Mailing Address PO Box 15710	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Wilmington State DE Zip Code 19886-5710 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Amount of Each Disbursement this Period <div>27.99</div> <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) ▼ CREDIT CARD: SEE BELOW
B. Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)	Transaction ID: 80714.E4145 Date of Disbursement
Mailing Address PO Box 15710	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Wilmington State DE Zip Code 19886-5710 Purpose of Disbursement credit card fees Candidate Name	Amount of Each Disbursement this Period <div>20.00</div> <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: CREDIT CARD FEES
C. Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)	Transaction ID: 80714.E4207 Date of Disbursement
Mailing Address PO Box 15710	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Wilmington State DE Zip Code 19886-5710 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Amount of Each Disbursement this Period <div>30.99</div> <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) ▼ CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

58.98

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)

PAGE 101 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus) Mailing Address PO Box 15710	Transaction ID: 80714.E4208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Wilmington State DE Zip Code 19886-5710 Purpose of Disbursement credit card fees 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) ▼	Amount of Each Disbursement this Period <div>20.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEES
B. Full Name (Last, First, Middle Initial) Stan Lindsey Photography, Inc Mailing Address 4985 Tallowood Way City Naples State FL Zip Code 34116- Purpose of Disbursement Photography Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4098 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>949.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHOTOGRAPHY SERVICE FEE
C. Full Name (Last, First, Middle Initial) Stan Lindsey Photography, Inc Mailing Address 4985 Tallowood Way City Naples State FL Zip Code 34116- Purpose of Disbursement Photography Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4215 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>455.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHOTOGRAPHY SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)

1405.56

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 102 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Budget Printing Center, L.L.C.</p> <p>Mailing Address 4152 W. Blue Heron Blvd #109</p> <p>City West Palm Beach State FL Zip Code 33404-</p> <p>Purpose of Disbursement Printing and mailing services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E4099 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 314.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING AND MAILING SERVICES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Grey Oaks Country Club</p> <p>Mailing Address 2400 Grey Oaks Drive North</p> <p>City Naples State FL Zip Code 34105-</p> <p>Purpose of Disbursement Fundraising Expense- event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E4150 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 567.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING EXPENSE- EVENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hummel Printing Corp</p> <p>Mailing Address 850 Springfield Rd. PO Box 3199</p> <p>City Union State NJ Zip Code 07083-</p> <p>Purpose of Disbursement direct mail services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E4153 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 240.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL SERVICES</p>

SUBTOTAL of Disbursements This Page (optional)

1122.53

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 103 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P. O. Box 360002

City State Zip Code
Fort Lauderdale FL 33336-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E3997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10892.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address 6 Sylvan Way

City State Zip Code
Parsippany NJ 07054-

Purpose of Disbursement
travel- car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4009

Date of Disbursement

/ /

Amount of Each Disbursement this Period

287.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL- CAR RENTAL

C.

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 7171 Cypress Lake Drive

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

10892.60

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 104 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 7091 College Pkwy.	Transaction ID: 80714.E4006 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Fort Myers FL 33907- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>28.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Target Mailing Address 13711 S. Tamiami Trail City State Zip Code Fort Myers FL 33912- Purpose of Disbursement Fundraising Expense- event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4020 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>66.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES
C. Full Name (Last, First, Middle Initial) Calusa Pines Mailing Address 2250 Ridge Rd City State Zip Code Naples FL 34120-3910 Purpose of Disbursement Fundraising Event Expense 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: 80714.E4026 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>335.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EVENT EXPENSE
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
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 105 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Sine Irish Pub

Mailing Address 1301 South Joyce Street

City State Zip Code
Arlington VA 22202-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E3999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)

Register.com

Mailing Address www.register.com

City State Zip Code

Purpose of Disbursement
internet services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

134.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: INTERNET SERVICES

C.

Full Name (Last, First, Middle Initial)

Gasparilla Inn & Club

Mailing Address 500 Palm Ave

City State Zip Code
Boca Grande FL 33921-

Purpose of Disbursement
Fundraising Expense- deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4029

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3008.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-
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)

PAGE 106 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

B.

Full Name (Last, First, Middle Initial)
Alice Sweetwaters

Mailing Address 1996 Airport Road, S

City Naples State FL Zip Code 34112-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Blu Sushi

Mailing Address 13451 McGregor Blvd

City Fort Myers State FL Zip Code 33919-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Old Ebbitt Grill

Mailing Address 675 15th Street, N.W.

City Washington State DC Zip Code 20005-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

254.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)

The Ritz Carlton

Mailing Address 280 Vanderbilt Beach Road

City Naples State FL Zip Code 34108-

Purpose of Disbursement
Fundraising expense- event deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-
EVENT DEPOSIT

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2774 East Colonial Drive

City Orlando State FL Zip Code 32803-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

546.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2774 East Colonial Drive

City State Zip Code
Orlando FL 32803-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4012
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1296.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
The UPS Store

Mailing Address 5100 S. Cleveland Avenue, #318

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
shipping
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4028
Date of Disbursement

/ /

Amount of Each Disbursement this Period

462.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 131 North Court House Rd

City State Zip Code
Arlington VA 22201-

Purpose of Disbursement
telephone service
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4010
Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House Rd	Transaction ID: 80714.E4015 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22201- Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>144.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE SERVICE
B. Full Name (Last, First, Middle Initial) Michaels Mailing Address 2253 Pine Ridge Road Suite A City Naples State FL Zip Code 34109- Purpose of Disbursement Fundraising Expense- event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4019 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>26.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES
C. Full Name (Last, First, Middle Initial) Michaels Mailing Address 2253 Pine Ridge Road Suite A City Naples State FL Zip Code 34109- Purpose of Disbursement Fundraising Expense- event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4018 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>35.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
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 110 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Vergina Mailing Address 700 5th Ave S	Transaction ID: 80714.E4024 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34102-6604 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>84.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 4770 Colonial Blvd. City Fort Myers State FL Zip Code 33912- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4021 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P. O. Box 360002 City Fort Lauderdale State FL Zip Code 33336- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4100 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>9281.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ►

9281.14

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 111 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Outback Steakhouse

Mailing Address 12995 S. Cleveland Avenue

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Mortons of Connecticut

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5303

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

235.11

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

C.

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

Mailing Address www.register.com

City State Zip Code

Purpose of Disbursement
internet services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

176.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: INTERNET SERVICES

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 112 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Garden Distrctict Mailing Address 4202 9th Street N	Transaction ID: 80714.E4122 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34103- Purpose of Disbursement campaign expense- flowers 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) ▼	Amount of Each Disbursement this Period <div>100.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN EXPENSE- FLOWERS
B. Full Name (Last, First, Middle Initial) Garden Distrctict Mailing Address 4202 9th Street N City Naples State FL Zip Code 34103- Purpose of Disbursement campaign expense- flowers 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: 80714.E4120 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>63.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN EXPENSE- FLOWERS
C. Full Name (Last, First, Middle Initial) Garden Distrctict Mailing Address 4202 9th Street N City Naples State FL Zip Code 34103- Purpose of Disbursement campaign expense- flowers 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: 80714.E4121 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>63.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN EXPENSE- FLOWERS

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 113 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
 Florida Gulf Coast University Foundation

Mailing Address 10501 FGCU Blvd, S

City State Zip Code
 Fort Myers FL 33965-6565

Purpose of Disbursement
 contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4128

Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CONTRIBUTION

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

Mailing Address P. O. Box 8229

City State Zip Code
 Aurora IL 60572-

Purpose of Disbursement
 telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4111

Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

211.99

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE

C. Full Name (Last, First, Middle Initial)
 AT&T- Cingular Wireless

Mailing Address PO Box 31488

City State Zip Code
 Tampa FL 33631-3488

Purpose of Disbursement
 cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4118

Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

256.94

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELL PHONE 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 114 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
 cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

237.86

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELL PHONE SERVICE

B.

Full Name (Last, First, Middle Initial)
 CVS Pharmacy

Mailing Address 294 9th Street, S

City Naples State FL Zip Code 34104-

Purpose of Disbursement
 campaign expense- staff birthday gi

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.15

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAMPAIGN EXPENSE-
 STAFF BIRTHDAY GI

C.

Full Name (Last, First, Middle Initial)
 CVS Pharmacy

Mailing Address 294 9th Street, S

City Naples State FL Zip Code 34104-

Purpose of Disbursement
 newspapers and local magazines

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.70

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: NEWSPAPERS AND LOCAL
 MAGAZINES

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 115 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 First Street, S.E.

City
Washington

State
DC

Zip Code
20003-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

171.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P. O. Box 1140

City
Memphis

State
TN

Zip Code
38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

C.

Full Name (Last, First, Middle Initial)

The Ritz Carlton

Mailing Address 280 Vanderbilt Beach Road

City
Naples

State
FL

Zip Code
34108-

Purpose of Disbursement
Fundraising Expense- Event fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-
EVENT FEES

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 116 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) The Ritz Carlton Mailing Address 280 Vanderbilt Beach Road	Transaction ID: 80714.E4108 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34108- Purpose of Disbursement Fundraising Expense- lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2620.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- LODGING
B. Full Name (Last, First, Middle Initial) Rum Runners Mailing Address 5848 Cape Harbour Dr City Cape Coral State FL Zip Code 33914- Purpose of Disbursement event expense- meet and greet 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: 80714.E4125 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1663.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT EXPENSE- MEET AND GREET
C. Full Name (Last, First, Middle Initial) Staples Mailing Address 2774 East Colonial Drive City Orlando State FL Zip Code 32803- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>211.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Thaiphon Thai Restaurant Mailing Address 1301 South Joyce St	Transaction ID: 80714.E4107 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22202- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>32.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B. Full Name (Last, First, Middle Initial) Tommy Bahama Cafe Mailing Address 1220 3rd St S	Transaction ID: 80714.E4101 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34102-7202 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>75.01</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House Rd	Transaction ID: 80714.E4117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22201- Purpose of Disbursement cell phone 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>60.87</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div></div> <div>0.00</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div></div> </div>

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 118 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E4112 Date of Disbursement
Mailing Address 131 North Court House Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City State Zip Code Arlington VA 22201- Purpose of Disbursement cell phone Candidate Name	Amount of Each Disbursement this Period <div>209.77</div> <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: CELL PHONE
B. Full Name (Last, First, Middle Initial) Pinchers Crab Shack	Transaction ID: 80714.E4104 Date of Disbursement
Mailing Address 13021 N. Cleveland Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City State Zip Code North Fort Myers FL 33903- Purpose of Disbursement meals Candidate Name	Amount of Each Disbursement this Period <div>73.98</div> <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: MEALS
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80714.E4166 Date of Disbursement
Mailing Address P. O. Box 360002	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Fort Lauderdale FL 33336- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Amount of Each Disbursement this Period <div>5586.25</div> <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) ▼	CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

5586.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20016-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20016-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

C.

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

Mailing Address www.register.com

City State Zip Code

Purpose of Disbursement
internet services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: INTERNET SERVICES

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 120 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
1-800 Flowers.com

Mailing Address 1 Old Country Rd
Suite 500

City Carle Place State NY Zip Code 11514-

Purpose of Disbursement
gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GIFTS

B.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

247.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

C.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

249.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4176

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

98.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

B.

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4173

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

74.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

C.

Full Name (Last, First, Middle Initial)
Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement
storage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4198

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

157.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: STORAGE

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 122 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)

Embassy Suites Hotels

Mailing Address 1100 SE 17th Street Causeway

City Fort Lauderdale State FL Zip Code 33316-

Purpose of Disbursement
Travel Expense- lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- LOD-
 GING

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
express mail shipment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL SHIPME-
 NT

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P. O. Box 1140

City State Zip Code
Memphis TN 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

B.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P. O. Box 1140

City State Zip Code
Memphis TN 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

C.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P. O. Box 1140

City State Zip Code
Memphis TN 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

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 124 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P. O. Box 1140

City State Zip Code
Memphis TN 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVE-
RY

B.

Full Name (Last, First, Middle Initial)
The Ritz Carlton

Mailing Address 280 Vanderbilt Beach Road

City State Zip Code
Naples FL 34108-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2774 East Colonial Drive

City State Zip Code
Orlando FL 32803-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE 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)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1050 Connecticut Ave, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4189

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

82.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1050 Connecticut Ave, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4170

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

82.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)
Apple Store

Mailing Address 1100 So Haynes St

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
office supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4169

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

2231.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Thaiphon Thai Restaurant Mailing Address 1301 South Joyce St	Transaction ID: 80714.E4172 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2008</div> </div>
City Arlington State VA Zip Code 22202- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>117.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House Rd City Arlington State VA Zip Code 22201- Purpose of Disbursement cell phone 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: 80714.E4181 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>269.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 131 North Court House Rd City Arlington State VA Zip Code 22201- Purpose of Disbursement cell phone 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: 80714.E4182 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>60.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE

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 127 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
The Palm

Mailing Address 1225 19th Street, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Naples Flowers

Mailing Address 506 Tamiami Trl N

City Naples State FL Zip Code 34102-

Purpose of Disbursement
gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GIFTS

C.

Full Name (Last, First, Middle Initial)
Michaels

Mailing Address 2253 Pine Ridge Road
Suite A

City Naples State FL Zip Code 34109-

Purpose of Disbursement
Fundraising expense- event supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

197.78

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-
EVENT 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Vergina Mailing Address 700 5th Ave S	Transaction ID: 80714.E4187 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34102-6604 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>45.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 4770 Colonial Blvd. City Fort Myers State FL Zip Code 33912- Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4179 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>74.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave NW City Washington State DC Zip Code 20036-5308 Purpose of Disbursement legal accounting and admin fees 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: 80415.E3987 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>3688.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL ACCOUNTING AND ADMIN FEES

SUBTOTAL of Disbursements This Page (optional) ►

3688.39

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 PageFOR LINE NUMBER:
(check only one)

PAGE 129 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave NW City Washington State DC Zip Code 20036-5308 Purpose of Disbursement legal accounting and admin fees 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: 80714.E4093 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3031.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL ACCOUNTING AND ADMIN FEES	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	8	3031.80
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	6		2	0	0	8														
3031.80																							
B. Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1050 Connecticut Ave NW City Washington State DC Zip Code 20036-5308 Purpose of Disbursement accounting legal and admin fees 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: 80714.E4162 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3201.29</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING LEGAL AND ADMIN FEES	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8	3201.29
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	3		2	0	0	8														
3201.29																							
C. Full Name (Last, First, Middle Initial) Aristotle International Mailing Address 205 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003- Purpose of Disbursement database #6 of 8 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: 80714.E4094 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DATABASE #6 OF 8	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	8	2100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	6		2	0	0	8														
2100.00																							

SUBTOTAL of Disbursements This Page (optional)

8333.09

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 130 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless Mailing Address PO Box 31488	Transaction ID: 80415.E3982 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> </div>
City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement cell phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>361.38</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE
B. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless Mailing Address PO Box 31488	Transaction ID: 80714.E4087 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div> </div>
City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement cell phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>369.38</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE
C. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless Mailing Address PO Box 31488	Transaction ID: 80714.E4159 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 8</div> </div>
City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement cell phone 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>373.99</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE

SUBTOTAL of Disbursements This Page (optional)

1104.75

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 131 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Capitol One

Mailing Address P. O. Box 60024

City State Zip Code
City Of Industry CA 91716-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3899.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address 5019 S. Cleveland Avenue

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1018.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 7171 Cypress Lake Drive

City State Zip Code
Fort Myers FL 33907-

Purpose of Disbursement
supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

3899.33

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 PageFOR LINE NUMBER:
(check only one)

PAGE 132 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack**A.**Full Name (Last, First, Middle Initial)
Olive Garden

Mailing Address 12870 Cleveland Avenue

City State Zip Code
Fort Myers FL 33907-Purpose of Disbursement
meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

87.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: MEALS

B.Full Name (Last, First, Middle Initial)
Trophy World

Mailing Address 524 Ninth Street North

City State Zip Code
Naples FL 34102-Purpose of Disbursement
Fundraising Expense- event supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Amount of Each Disbursement this Period

907.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: FUNDRAISING EXPENSE-
EVENT SUPPLIES**C.**Full Name (Last, First, Middle Initial)
Big Brothers Big Sisters

Mailing Address 2400 Tamiami Trl # 303

City State Zip Code
Naples FL 34103-Purpose of Disbursement
Event ticket

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4039

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT TICKET

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 133 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) CVS Pharmacy Mailing Address 294 9th Street, S	Transaction ID: 80714.E4034 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34104- Purpose of Disbursement Fundraising Expense- event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>110.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES
B. Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car Mailing Address 35 E. Colonial Drive City Orlando State FL Zip Code 32801- Purpose of Disbursement travel expense- rental car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>123.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE- RENTAL CAR
C. Full Name (Last, First, Middle Initial) Kinkos Mailing Address 11751 S Cleveland Ave Suite 14 City Fort Myers State FL Zip Code 33907- Purpose of Disbursement Fundraising Expense- copies 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: 80714.E4037 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>31.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- COPIES

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 134 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) The Ritz Carlton Mailing Address 280 Vanderbilt Beach Road	Transaction ID: 80714.E4061 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City Naples State FL Zip Code 34108- Purpose of Disbursement Fundraising expense- event parking 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) ▼	Amount of Each Disbursement this Period <div>25.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT PARKING
B. Full Name (Last, First, Middle Initial) Naples Flowers Mailing Address 506 Tamiami Trl N City Naples State FL Zip Code 34102- Purpose of Disbursement gift 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: 80714.E4040 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>37.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFT
C. Full Name (Last, First, Middle Initial) Naples Flowers Mailing Address 506 Tamiami Trl N City Naples State FL Zip Code 34102- Purpose of Disbursement gift 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: 80714.E4065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>70.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFT

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 135 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Grillroom Chophouse & Wine Bar

Mailing Address 23161 Village Shops Way

City Estero State FL Zip Code 33928-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

448.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: MEALS

B. Full Name (Last, First, Middle Initial)
SWFL Republican Women Club

Mailing Address

City State Zip Code

Purpose of Disbursement
luncheon ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LUNCHEON TICKET

C. Full Name (Last, First, Middle Initial)
Vergina

Mailing Address 700 5th Ave S

City Naples State FL Zip Code 34102-6604

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address PO Box 15153

City State Zip Code
Wilmington DE 19886-5153

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3918.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Simulscribe Inc

Mailing Address 34 Broad Street

City State Zip Code
Red Bank NJ 07701-

Purpose of Disbursement
messaging service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MESSAGING SERVICE

C.

Full Name (Last, First, Middle Initial)
Simulscribe Inc

Mailing Address 34 Broad Street

City State Zip Code
Red Bank NJ 07701-

Purpose of Disbursement
messaging service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MESSAGING SERVICE

SUBTOTAL of Disbursements This Page (optional)

3918.73

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 137 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Holocaust Musuem Of SW Florida

Mailing Address 4760 Tamiami Trail North, Suite 7
Sandalwood Square

City Naples State FL Zip Code 34103-

Purpose of Disbursement
Event tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT TICKETS

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Event expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4080

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1187.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT EXPENSE

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

224.55

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack**A.**Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
credit card finance charge

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4082

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

101.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: CREDIT CARD FINANCE
CHARGE**B.**Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
credit card fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4081

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: CREDIT CARD FEE

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

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
travel expense- airline fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: TRAVEL EXPENSE- AIR-
LINE FEE

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 139 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
travel expense- airline ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

567.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-
LINE TICKET

B.

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

Mailing Address 2 North LaSalle St

City Chicago State IL Zip Code 60602-

Purpose of Disbursement
travel expense- airline fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-
LINE FEE

C.

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

Mailing Address 2 North LaSalle St

City Chicago State IL Zip Code 60602-

Purpose of Disbursement
travel expense- airline ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1441.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-
LINE TICKET

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 140 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address PO Box 15153

City State Zip Code
Wilmington DE 19886-5153

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2762.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Simulscribe Inc

Mailing Address 34 Broad Street

City State Zip Code
Red Bank NJ 07701-

Purpose of Disbursement
messaging service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MESSAGING SERVICE

C.

Full Name (Last, First, Middle Initial)
Simulscribe Inc

Mailing Address 34 Broad Street

City State Zip Code
Red Bank NJ 07701-

Purpose of Disbursement
messaging service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MESSAGING SERVICE

SUBTOTAL of Disbursements This Page (optional)

2762.05

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)

PAGE 141 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, S.E.	Transaction ID: 80714.E4136 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement Fundraising Expense- event 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) ▼	Amount of Each Disbursement this Period <div>2167.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE-EVENT
B. Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 15153 City Wilmington State DE Zip Code 19886-5153 Purpose of Disbursement Credit Card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>97.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEE
C. Full Name (Last, First, Middle Initial) Staples Mailing Address 2774 East Colonial Drive City Orlando State FL Zip Code 32803- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>53.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE 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)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack**A.**Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4199

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

2431.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B.Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Fundraising Expense- Event

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4203

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

2011.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: FUNDRAISING EXPENSE-
EVENT**C.**Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement
credit card fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4206

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Amount of Each Disbursement this Period

36.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

2431.02

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 143 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Blvd	Transaction ID: 80714.E4202 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Fort Worth State TX Zip Code 76155- Purpose of Disbursement travel expense 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>306.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) FedEx Mailing Address P. O. Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement express mail delivery 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: 80714.E4148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>25.58</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EXPRESS MAIL DELIVERY
C. Full Name (Last, First, Middle Initial) FedEx Mailing Address P. O. Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement express mail delivery 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: 80714.E4092 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>102.09</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EXPRESS MAIL DELIVERY

SUBTOTAL of Disbursements This Page (optional) ►

127.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Jivaldi LLC Mailing Address 707 MOunt Errigal Pl	Transaction ID: 80714.E4149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 8</div> </div>
City Lincoln State CA Zip Code 95648- Purpose of Disbursement website development fees 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) ▼	Amount of Each Disbursement this Period <div>5725.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE DEVELOPMENT FEES
B. Full Name (Last, First, Middle Initial) Jivaldi LLC Mailing Address 707 MOunt Errigal Pl City Lincoln State CA Zip Code 95648- Purpose of Disbursement website service fees 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: 80714.E4210 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>225.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE SERVICE FEES
C. Full Name (Last, First, Middle Initial) Line 1 Communications Mailing Address 3400 Birchwood Manor City Tallahassee State FL Zip Code 32312- Purpose of Disbursement fax/email serices 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: 80714.E4095 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>14.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FAX/EMAIL SERICES
SUBTOTAL of Disbursements This Page (optional) ▶	<div>5964.28</div>
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 PageFOR LINE NUMBER:
(check only one)

PAGE 145 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack**A.**

Full Name (Last, First, Middle Initial)

Line 1 Communications

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement
fax/email services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

469.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FAX/EMAIL SERVICES

B.

Full Name (Last, First, Middle Initial)

SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
direct mail and telemarketing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3991

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Amount of Each Disbursement this Period

4144.31

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53DIRECT MAIL AND TELEMARKE-
TING**C.**

Full Name (Last, First, Middle Initial)

SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
direct mail and telemarketing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E4091

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Amount of Each Disbursement this Period

3646.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53DIRECT MAIL AND TELEMARKE-
TING

SUBTOTAL of Disbursements This Page (optional)

8259.59

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 146 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) SCM Associates, Inc.	Transaction ID: 80714.E4161 Date of Disbursement
Mailing Address 1283 Main Street PO Box 254	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Dublin State NH Zip Code 03444-	Amount of Each Disbursement this Period
Purpose of Disbursement direct mail and telemarketing	<div> <div>755.84</div> </div>
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 State: District:	DIRECT MAIL AND TELEMARKE- TING
B. Full Name (Last, First, Middle Initial) Southwest Direct	Transaction ID: 80415.E3979 Date of Disbursement
Mailing Address 2129 Andrea Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Fort Myers State FL Zip Code 33912-	Amount of Each Disbursement this Period
Purpose of Disbursement direct mail services	<div> <div>79.54</div> </div>
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 State: District:	DIRECT MAIL SERVICES
C. Full Name (Last, First, Middle Initial) Southwest Direct	Transaction ID: 80415.E3989 Date of Disbursement
Mailing Address 2129 Andrea Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City Fort Myers State FL Zip Code 33912-	Amount of Each Disbursement this Period
Purpose of Disbursement direct mail services	<div> <div>1532.78</div> </div>
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 State: District:	DIRECT MAIL SERVICES

SUBTOTAL of Disbursements This Page (optional)

2368.16

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 147 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address 2129 Andrea Lane

City State Zip Code
Fort Myers FL 33912-

Purpose of Disbursement
direct mail services
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4090
Date of Disbursement

/ /

Amount of Each Disbursement this Period

293.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

DIRECT MAIL SERVICES

B.

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

Mailing Address 2129 Andrea Lane

City State Zip Code
Fort Myers FL 33912-

Purpose of Disbursement
direct mail services
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4152
Date of Disbursement

/ /

Amount of Each Disbursement this Period

774.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

DIRECT MAIL SERVICES

C.

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

Mailing Address 2129 Andrea Lane

City State Zip Code
Fort Myers FL 33912-

Purpose of Disbursement
direct mail services
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4155
Date of Disbursement

/ /

Amount of Each Disbursement this Period

310.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

DIRECT MAIL SERVICES

SUBTOTAL of Disbursements This Page (optional)

1378.07

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 148 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Southwest Direct Mailing Address 2129 Andrea Lane	Transaction ID: 80714.E4160 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Fort Myers State FL Zip Code 33912- Purpose of Disbursement direct mail services 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) ▼	Amount of Each Disbursement this Period <div>1146.73</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES
B. Full Name (Last, First, Middle Initial) Southwest Direct Mailing Address 2129 Andrea Lane City Fort Myers State FL Zip Code 33912- Purpose of Disbursement direct mail services 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: 80714.E4216 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1009.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL SERVICES
C. Full Name (Last, First, Middle Initial) Sprint - Embarq Mailing Address P.O. Box 740602 City Cincinnati State OH Zip Code 45274- Purpose of Disbursement telephone 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: 80415.E3990 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>80.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ►

2236.46

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 PageFOR LINE NUMBER:
(check only one)

PAGE 149 / 157

<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

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Sprint - Embarq Mailing Address P.O. Box 740602	Transaction ID: 80714.E4097 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	6		2	0	0	8													
City Cincinnati State OH Zip Code 45274- Purpose of Disbursement telephone 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) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>81.99</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	81.99																				
81.99																						
B. Full Name (Last, First, Middle Initial) Sprint - Embarq Mailing Address P.O. Box 740602 City Cincinnati State OH Zip Code 45274- Purpose of Disbursement telephone 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: 80714.E4165 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>65.75</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8	65.75
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	0	8													
65.75																						
C. Full Name (Last, First, Middle Initial) Stone Group, LLC Mailing Address 5701 Bayview Drive City Fort Lauderdale State FL Zip Code 33308- Purpose of Disbursement expense reimbursement 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: 80415.E3984 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>6670.70</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EXPENSE REIMBURSEMENT	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	6670.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
6670.70																						

SUBTOTAL of Disbursements This Page (optional)**6818.44****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 150 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Stone Group, LLC

Mailing Address 5701 Bayview Drive

City State Zip Code
Fort Lauderdale FL 33308-

Purpose of Disbursement
Fundraising Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)
SunTrust Credit Card

Mailing Address PO Box 791250

City State Zip Code
Baltimore MD 21279-1250

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

598.29

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C.

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

Mailing Address PO Box 31488

City State Zip Code
Tampa FL 33631-3488

Purpose of Disbursement
cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELL PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

5598.29

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 151 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court	Transaction ID: 80415.E3993 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Bonita Springs FL 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>157.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE
B. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, S.E. City State Zip Code Washington DC 20003- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80415.E3994 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>332.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
C. Full Name (Last, First, Middle Initial) SunTrust Credit Card Mailing Address PO Box 791250 City State Zip Code Baltimore MD 21279-1250 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4139 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>489.82</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ►

489.82

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 152 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless Mailing Address PO Box 31488	Transaction ID: 80714.E4143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement cell phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>94.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE SERVICE
B. Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4141 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>157.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE
C. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4142 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>226.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 153 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) SunTrust Credit Card Mailing Address PO Box 791250	Transaction ID: 80714.E4140 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div>
City Baltimore State MD Zip Code 21279-1250 Purpose of Disbursement credit card 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) ▼	Amount of Each Disbursement this Period <div>10.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEE
B. Full Name (Last, First, Middle Initial) SunTrust Credit Card Mailing Address PO Box 791250 City Baltimore State MD Zip Code 21279-1250 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4204 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>157.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
C. Full Name (Last, First, Middle Initial) Bonita Springs Self Storage Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E4205 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>157.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE

SUBTOTAL of Disbursements This Page (optional)

157.94

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 154 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 5100 S. Cleveland Avenue, #318	Transaction ID: 80714.E4083 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Fort Myers FL 33907- Purpose of Disbursement forwarding service fee 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:	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FORWARDING SERVICE FEE
B. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 5100 S. Cleveland Avenue, #318 City State Zip Code Fort Myers FL 33907- Purpose of Disbursement Florida PO Box renewal 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:	Transaction ID: 80714.E4147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>133.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FLORIDA PO BOX RENEWAL
C. Full Name (Last, First, Middle Initial) USPS Mailing Address 1050 Connecticut Ave, NW City State Zip Code Washington DC 20036- Purpose of Disbursement PO Box renewal 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:	Transaction ID: 80714.E4032 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>64.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PO BOX RENEWAL

SUBTOTAL of Disbursements This Page (optional)

247.56

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 155 / 157

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1050 Connecticut Ave, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 1050 Connecticut Ave, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80714.E4151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

125.22

TOTAL This Period (last page this line number only)

110708.89

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 156 / 157

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Naples Womens Republican Club

Mailing Address 194 Tamiami Trail

City
Naples

State
FL

Zip Code
34102-

Purpose of Disbursement
DONATION- SCHOLARSHIP FUN

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80415.E3981

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 157

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

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

NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Michael G. Fink

Mailing Address 1055 Wyomi Drive

City

Fort Myers

State

FL

Zip Code

33919-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 80714.E4218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00