



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	84958.01	785639.33
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84958.01	785639.33
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	126598.42	710966.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	35.00	4234.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126563.42	706732.48
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>639179.48</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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)

Write or Type Committee Name  
Friends of Connie Mack

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	44663.00	591162.04
(i) Itemized (use Schedule A).....	4795.01	67992.29
(ii) Unitemized.....	49458.01	659154.33
(iii) TOTAL of contributions from individuals..... ▶	0.00	580.00
(b) Political Party Committees.....	35500.00	125905.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	84958.01	785639.33
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	35.00	4234.17
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	84993.01	789873.50

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	126598.42	710966.65
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.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	18500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	126598.42	729466.65

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	680784.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	84993.01
25. SUBTOTAL (add Line 23 and Line 24).....	765777.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	126598.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	639179.48

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

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

FOR LINE NUMBER: PAGE 5 / 76  
(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 Duda and Sons Inc PAC  
Mailing Address PO Box 620257  
City Oviedo State FL Zip Code 32762-0257  
FEC ID number of contributing federal political committee. **C** C00213231  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 06 / 22 / 2010  
Transaction ID: 00708.C22450  
Amount of Each Receipt this Period: 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Aircraft Owners & Pilots Assn. PAC  
Mailing Address 601 Pennsylvania Ave NW Ste 875  
Attn: John Glaser  
City Washington State DC Zip Code 20004-2601  
FEC ID number of contributing federal political committee. **C** C00131185  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 06 / 03 / 2010  
Transaction ID: 00708.C22441  
Amount of Each Receipt this Period: 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC  
Mailing Address 1120 Connecticut Ave NW  
City Washington State DC Zip Code 20036-3905  
FEC ID number of contributing federal political committee. **C** C00004275  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt: 06 / 15 / 2010  
Transaction ID: 00708.C22442  
Amount of Each Receipt this Period: 5000.00  
Receipt

**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 6 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
American Crystal Sugar Co. PAC

Mailing Address 101 3rd St N Attn Kevinprice

City State Zip Code  
Moorhead MN 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** 00708.C22448

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
AT&T Corporate PAC

Mailing Address 175 E Houston St # 7-A-50

City State Zip Code  
San Antonio TX 78205-2255

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	0

**Transaction ID:** 00708.C22262

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
AT&T Corporate PAC

Mailing Address 175 E Houston St # 7-A-50

City State Zip Code  
San Antonio TX 78205-2255

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** 00708.C22459

Amount of Each Receipt this Period  
1500.00

Receipt

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
AT&T Corporate PAC

Mailing Address 175 E Houston St # 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 06 / 25 / 2010  
**Transaction ID:** 00708.C22460  
 Amount of Each Receipt this Period: 500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Automotive Free International Trade PAC

Mailing Address 1625 Prince St # 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 06 / 17 / 2010  
**Transaction ID:** 00708.C22452  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Build PAC - Natl Assn of Home Builders

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 26 / 2010  
**Transaction ID:** 00708.C22435  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) CSX Good Govt. Fund	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 1331 Pennsylvania Ave NW Ste 560	Transaction ID: 00708.C22445
	City State Zip Code Washington DC 20004-1745	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00163832	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CTIA PAC	Date of Receipt MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 1400 16th St NW Ste 600	Transaction ID: 00708.C22444
	City State Zip Code Washington DC 20036-2225	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00262295	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Free And Strong America Pac, Inc	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address PO Box 79226	Transaction ID: 00708.C22252
	City State Zip Code Waverley MA 02479-0226	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00449280	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Emp. PAC

Mailing Address 1550 Crystal Drive  
Crystal Square Two, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 05 / 2010  
**Transaction ID:** 00407.C22179  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Asso. PAC

Mailing Address 1100 King St Ste 600

City Alexandria State VA Zip Code 22314-2925

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 06 / 29 / 2010  
**Transaction ID:** 00708.C22453  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ocean Champions Pac

Mailing Address 202 San Jose Ave

City Capitola State CA Zip Code 95010-3239

FEC ID number of contributing federal political committee. **C** C00393769

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt: 05 / 20 / 2010  
**Transaction ID:** 00708.C22419  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Parsons Corporation PAC

Mailing Address 100 W Walnut St

City Pasadena State CA Zip Code 91124-0001

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 05 / 20 / 2010  
**Transaction ID:** 00708.C22438  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

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

Mailing Address 801 Pennsylvania Ave NW Ste 250

City Washington State DC Zip Code 20004-2681

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 04 / 19 / 2010  
**Transaction ID:** 00708.C22319  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Raytheon Pac

Mailing Address 1100 Wilson Blvd Suite 1500

City Arlington State VA Zip Code 22209-2297

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 18 / 2010  
**Transaction ID:** 00708.C22451  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
The Doctors Company Federal Pac

Mailing Address 185 Greenwood Rd

City State Zip Code  
Napa CA 94558-6270

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For: 2010  
 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 2 / 2 0 1 0

**Transaction ID:** 00708.C22458

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Turkish Coalition USA PAC

Mailing Address 1025 Connecticut Ave NW Ste 1000

City State Zip Code  
Washington DC 20036-5417

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2010  
 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 9 / 2 0 1 0

**Transaction ID:** 00708.C22418

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
UPSPAC

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010  
 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 8 / 2 0 1 0

**Transaction ID:** 00708.C22318

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ► 35500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

Mailing Address 15860 Sawpit Rd

City Jacksonville State FL Zip Code 32226-1598

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

Name of Employer Liberty Ambulance Service Occupation c.e.o

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2010  
**Transaction ID:** 00708.C22217  
 Amount of Each Receipt this Period 250.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jay Baker

Mailing Address 4101 Gulf Shore Blvd N PH 5

City Naples State FL Zip Code 34103-2912

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

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 00708.C22415  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jay Baker

Mailing Address 4101 Gulf Shore Blvd N PH 5

City Naples State FL Zip Code 34103-2912

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

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 00708.C22414  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Pat Baker

Mailing Address 4101 Gulf Shore Blvd N PH 5

City State Zip Code  
Naples FL 34103-2912

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: 00708.C22416

Amount of Each Receipt this Period  
2400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Pat Baker

Mailing Address 4101 Gulf Shore Blvd N PH 5

City State Zip Code  
Naples FL 34103-2912

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: 00708.C22417

Amount of Each Receipt this Period  
2400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dennis Barbakow

Mailing Address 4301 Gulf Shore Blvd N Apt 702

City State Zip Code  
Naples FL 34103-3478

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: 00708.C22403

Amount of Each Receipt this Period  
150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4950.00**

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Richard Barthelmes

Mailing Address 28 Southpoint Ln

City Ipswich State MA Zip Code 01938-3032

FEC ID number of contributing federal political committee. C

Name of Employer Lynnfield Engineering Occupation Environmental Engineer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2010  
**Transaction ID:** 00708.C22248  
 Amount of Each Receipt this Period 250.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Douglas Berthiaume

Mailing Address 18 Buttonwood Dr

City Andover State MA Zip Code 01810-5880

FEC ID number of contributing federal political committee. C

Name of Employer Waters Corp. Occupation ceo

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2010  
**Transaction ID:** 00708.C22366  
 Amount of Each Receipt this Period 500.00  
 Receipt

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

Mailing Address 35 Wentworth Rd

City Rye State NH Zip Code 03870-6106

FEC ID number of contributing federal political committee. C

Name of Employer Carlisle Capital Corporation Occupation president

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2010  
**Transaction ID:** 00708.C22394  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Arthur Bourque  
Mailing Address 88 Laurie Dr NE  
City State Zip Code  
Fort Walton Beach FL 32548-5153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0  
Transaction ID: 00708.C22285  
Amount of Each Receipt this Period  
50.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Melville Brinson  
Mailing Address 2244 Palm Ave  
City State Zip Code  
Saint James City FL 33956-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0  
Transaction ID: 00708.C22323  
Amount of Each Receipt this Period  
500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
George Clark  
Mailing Address 1341 Middle Gulf Dr Unit 2A  
City State Zip Code  
Sanibel FL 33957-4612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation real estate  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0  
Transaction ID: 00708.C22432  
Amount of Each Receipt this Period  
250.00  
Receipt

**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 16 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Gregory Coleman

Mailing Address 3026 Sutton Woods Dr

City State Zip Code  
Plant City FL 33566-9606

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

Name of Employer Occupation  
Gregco Recycling Inc president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00708.C22296

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Christopher Collins

Mailing Address 72 Harbor St

City State Zip Code  
Manchester MA 01944-1425

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

Name of Employer Occupation  
First Atlantic Capital real estate investment

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: 00708.C22249

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Josephine Coppola

Mailing Address 3200 N Ocean Blvd Apt 1408

City State Zip Code  
Fort Lauderdale FL 33308-7159

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

Name of Employer Occupation  
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: 00708.C22250

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Courey

Mailing Address 740 Waterford Dr Apt 302

City State Zip Code  
Naples FL 34113-8038

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

Name of Employer Occupation  
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

Transaction ID: 00708.C22295

Amount of Each Receipt this Period  
25.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Chris Covington

Mailing Address 75 Central St

City State Zip Code  
Boston MA 02109-3411

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

Name of Employer Occupation  
Covington Associates managing director

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: 00708.C22328

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Darrell Crate

Mailing Address 890 Hale St

City State Zip Code  
Beverly MA 01915-2216

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

Name of Employer Occupation  
AMG cfo

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: 00708.C22251

Amount of Each Receipt this Period  
2400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2925.00**

**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 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Nanette Dean

Mailing Address 12842 Kedleston Cir

City State Zip Code  
Fort Myers FL 33912-6603

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

Name of Employer Occupation  
Dean Steel Buildings, Inc. engineer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 1 0

Transaction ID: 00708.C22221

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Edward Droste

Mailing Address 107 Hampton Rd

City State Zip Code  
Clearwater FL 33759-4957

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

Name of Employer Occupation  
Provident Companies president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: 00708.C22316

Amount of Each Receipt this Period  
400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Edward Droste

Mailing Address 107 Hampton Rd

City State Zip Code  
Clearwater FL 33759-4957

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

Name of Employer Occupation  
Provident Companies president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: 00708.C22317

Amount of Each Receipt this Period  
100.00

Receipt

**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 19 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen Dubin		Date of Receipt
	Mailing Address 1385 Sautern Dr		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Myers	FL	33919-2715
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 00407.C22178
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="200.00"/>
Receipt			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jose Felipe		Date of Receipt
	Mailing Address 711 Seaview Dr		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	North Palm Beach	FL	33408-1309
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation consultant	Transaction ID: 00708.C22281
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="200.00"/>
Receipt			

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald L. Fierce		Date of Receipt
	Mailing Address 600 New Hampshire Ave NW Ste 1000		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20037-2401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Fierce & Associates		Occupation govt. relations	Transaction ID: 00708.C22443
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="2950.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="500.00"/>
Receipt			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur Finkelstein		Date of Receipt
	Mailing Address 55 Waldingfield Rd		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ipswich	MA	01938-2738
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Arthur J Finkelstein & As-soc		Occupation Research	<b>Transaction ID:</b> 00708.C22247
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry Fischer		Date of Receipt
	Mailing Address PO Box 780068		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sebastian	FL	32978-0068
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation dentist	<b>Transaction ID:</b> 00708.C22368
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Terrance R. Flynn		Date of Receipt
	Mailing Address 3801 Fort Charles Dr		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Naples	FL	34102-7900
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer n/a		Occupation retired	<b>Transaction ID:</b> 00708.C22242
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="350.00"/>
		<input type="text" value="1600.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Terrance R. Flynn

Mailing Address 3801 Fort Charles Dr

City State Zip Code  
Naples FL 34102-7900

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

Name of Employer n/a Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 2 / 2 0 1 0

**Transaction ID:** 00708.C22241

Amount of Each Receipt this Period  
1150.00

Receipt

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

Mailing Address 1001 Liberty Ave Ste 850

City State Zip Code  
Pittsburgh PA 15222-3718

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2010  
 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 1 0

**Transaction ID:** 00708.C22277

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Rebecca Freyvogel

Mailing Address 1001 Liberty Ave Ste 850

City State Zip Code  
Pittsburgh PA 15222-3718

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

Name of Employer U.S. Chamber Occupation scheduler

Receipt For: 2010  
 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 7 / 2 0 1 0

**Transaction ID:** 00708.C22274

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2150.00**

**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 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Robert W. Garthwaite  
 Mailing Address PO Box 1367  
 City State Zip Code  
 Waterbury CT 06721-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cly Del Manufacturing Co. chairman  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 2 / 2 0 1 0  
**Transaction ID:** 00708.C22312  
 Amount of Each Receipt this Period  
 250.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lois Gibbs  
 Mailing Address 1000 Lely Palms Dr  
 City State Zip Code  
 Naples FL 34113-8916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 2 / 2 0 1 0  
**Transaction ID:** 00708.C22299  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronald Hamm  
 Mailing Address 42997 Lago Stella Pl  
 City State Zip Code  
 Ashburn VA 20148-7186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 1 0  
**Transaction ID:** 00708.C22461  
 Amount of Each Receipt this Period  
 250.00  
 Receipt

**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 23 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Angus Harrison

Mailing Address BO Box 1019

City Polk City State FL Zip Code 33868-1019

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

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 04 / 05 / 2010  
**Transaction ID:** 00708.C22224  
 Amount of Each Receipt this Period: 300.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rolland Heiser

Mailing Address 4104 Las Palmas Way

City Sarasota State FL Zip Code 34238-4532

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

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2010  
**Transaction ID:** 00708.C22315  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
James D. Henderson

Mailing Address 3611 SW 63rd Ln

City Gainesville State FL Zip Code 32608-5251

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

Name of Employer self-employed Occupation engineer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt: 04 / 24 / 2010  
**Transaction ID:** 00708.C22311  
 Amount of Each Receipt this Period: 100.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Thomas Kennedy  
 Mailing Address 28 Southpoint Ln  
 City Ipswich State MA Zip Code 01938-3032  
 Date of Receipt 04 / 16 / 2010  
**Transaction ID:** 00708.C22253  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Veronica Lefkowitz  
 Mailing Address 112 Glenwood Ave  
 City Winnetka State IL Zip Code 60093-1509  
 Date of Receipt 05 / 19 / 2010  
**Transaction ID:** 00708.C22431  
 Amount of Each Receipt this Period 100.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Glenn Management of Northbrook Occupation management  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
Jared Leland  
 Mailing Address 1001 Liberty Ave Ste 850  
 City Pittsburgh State PA Zip Code 15222-3718  
 Date of Receipt 04 / 07 / 2010  
**Transaction ID:** 00708.C22273  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Keevican Weiss Bauerle & Hirsc Occupation attorney  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00

**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 25 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Katherine Leland  
Mailing Address 1001 Liberty Ave Ste 850  
City Pittsburgh State PA Zip Code 15222-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation homemaker  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 04 / 07 / 2010  
Transaction ID: 00708.C22272  
Amount of Each Receipt this Period 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Thomas Leonard  
Mailing Address 9300 NE 4th Ave  
City Miami Shores State FL Zip Code 33138-2825  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: 00708.C22290  
Amount of Each Receipt this Period 50.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Geraldine MacLeod  
Mailing Address 1803 Summerfield Rd  
City Winter Park State FL Zip Code 32792-5051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation homemaker  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt 04 / 26 / 2010  
Transaction ID: 00708.C22353  
Amount of Each Receipt this Period 100.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00  
**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Kurt Markgraf  
Mailing Address 3663 McKinley Ave  
City Fort Myers State FL Zip Code 33901-7813  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation anesthesiologist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 400.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: 00708.C22324  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Marshall  
Mailing Address 8787 Bay Colony Dr Apt 503  
City Naples State FL Zip Code 34108-0782  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 04 / 22 / 2010  
Transaction ID: 00708.C22306  
Amount of Each Receipt this Period 200.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Marx  
Mailing Address PO Box 440  
City Wappingers Falls State NY Zip Code 12590-0440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation insurance  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 04 / 26 / 2010  
Transaction ID: 00708.C22369  
Amount of Each Receipt this Period 250.00  
Receipt

**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: (check only one)	PAGE 27 / 76
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marjorie Matheson	Date of Receipt MM / DD / YYYY 04 / 17 / 2010
	Mailing Address 430 S Beach Rd	<b>Transaction ID:</b> 00708.C22320
	City State Zip Code Hobe Sound FL 33455-2702	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: retired Occupation: homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J Frank McCoy	Date of Receipt MM / DD / YYYY 04 / 29 / 2010
	Mailing Address 85 NE 94th St	<b>Transaction ID:</b> 00708.C22387
	City State Zip Code Miami FL 33138-2819	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: retired Occupation: retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Meyers	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 398 Mountain Rd	<b>Transaction ID:</b> 00708.C22254
	City State Zip Code Jaffrey NH 03452-5933	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: SCM Associates Occupation: president Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

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

Mailing Address 1001 Liberty Ave Ste 850

City State Zip Code  
Pittsburgh PA 15222-3718

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

Name of Employer Occupation  
Homemaker homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** 00708.C22276

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 13890 McGregor Blvd

City State Zip Code  
Fort Myers FL 33919-6150

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

Name of Employer Occupation  
retired retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 00708.C22327

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richmond Perley

Mailing Address 5262 Kensington High St

City State Zip Code  
Naples FL 34105-5651

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

Name of Employer Occupation  
retired retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
263.00

Date of Receipt  

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

**Transaction ID:** 00708.C22297

Amount of Each Receipt this Period  
113.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1613.00**

**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Susan Petnuch

Mailing Address c/o the Beechwood Co.  
Suite 850 1001 Liberty Ave

City Pittsburgh State PA Zip Code 15222-3716

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2010  
**Transaction ID:** 00708.C22275  
 Amount of Each Receipt this Period 500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Paul E. Prillaman

Mailing Address 1311 70th St., NW

City Bradenton State FL Zip Code 34209-1258

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

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 04 / 22 / 2010  
**Transaction ID:** 00708.C22303  
 Amount of Each Receipt this Period 100.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Clyde A. Purmort

Mailing Address 1435 Ladue Ln

City Sarasota State FL Zip Code 34231-2318

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

Name of Employer A Purmort Insurance Occupation insurance agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 04 / 01 / 2010  
**Transaction ID:** 00708.C22216  
 Amount of Each Receipt this Period 100.00  
 Receipt

**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 30 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
John Rangos  
Mailing Address 10 Bay Colony Dr  
City Fort Lauderdale State FL Zip Code 33308-2002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation self employed  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: 00708.C22397  
Amount of Each Receipt this Period 100.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Rangos  
Mailing Address 10 Bay Colony Dr  
City Fort Lauderdale State FL Zip Code 33308-2002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation self employed  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: 00708.C22396  
Amount of Each Receipt this Period 400.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Riordan  
Mailing Address 10880 Wilshire Blvd Ste 800  
City Los Angeles State CA Zip Code 90024-4124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010  Primary  General  Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt 06 / 09 / 2010  
Transaction ID: 00708.C22454  
Amount of Each Receipt this Period 2400.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00  
**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 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Richard Riordan

Mailing Address 10880 Wilshire Blvd Ste 800

City State Zip Code  
Los Angeles CA 90024-4124

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4800.00

Date of Receipt MM / DD / YYYY  
06 / 09 / 2010

Transaction ID: 00708.C22455

Amount of Each Receipt this Period 2400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steven Roche

Mailing Address 4 Leblanc Dr

City State Zip Code  
Danvers MA 01923-1396

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SCR and Associates president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2010

Transaction ID: 00708.C22255

Amount of Each Receipt this Period 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Henry Rodriguez

Mailing Address 2718 Casey Key Rd

City State Zip Code  
Nokomis FL 34275-3358

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Rodriguez Investment Management owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 07 / 2010

Transaction ID: 00708.C22329

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 3650.00

**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 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** 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 Homemaker Occupation homemaker  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 700.00  
Date of Receipt 04 / 27 / 2010  
Transaction ID: 00708.C22365  
Amount of Each Receipt this Period 300.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
John W. Sampson  
Mailing Address 9614 Parkwood Ct.  
City Fort Myers State FL Zip Code 33908-2861  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 600.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: 00708.C22421  
Amount of Each Receipt this Period 100.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Edwin Sandham  
Mailing Address 1964 SW Saint Andrews Dr  
City Palm City State FL Zip Code 34990-2210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 775.00  
Date of Receipt 04 / 24 / 2010  
Transaction ID: 00708.C22283  
Amount of Each Receipt this Period 225.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 625.00  
**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 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
F.G. Shepardson

Mailing Address 502 Kelsey Street

City State Zip Code  
Lakeland FL 33803-2382

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

Name of Employer Occupation  
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: 00708.C22361

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 3685 Nelsons Walk

City State Zip Code  
Naples FL 34102-7876

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

Name of Employer Occupation  
SEMAC consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 1 0

Transaction ID: 00708.C22267

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Scott Solombrino

Mailing Address PO Box 46

City State Zip Code  
Hamilton MA 01936-0046

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

Name of Employer Occupation  
Davel Boston ceo

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 00708.C22256

Amount of Each Receipt this Period  
1000.00

Receipt

**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 34 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
K.L. Spear

Mailing Address 14882 Bellezza Ln

City State Zip Code  
Naples FL 34110-2752

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

Name of Employer Self Employed      Occupation Research Development

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

**Transaction ID:** 00708.C22337

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joseph T. Steuer

Mailing Address 2900 14th St N Ste 50

City State Zip Code  
Naples FL 34103-4589

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

Name of Employer n/a      Occupation retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

**Transaction ID:** 00708.C22223

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jon Strohmeier

Mailing Address 1900 8th St S

City State Zip Code  
Naples FL 34102-7524

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

Name of Employer Self Employed      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

**Transaction ID:** 00708.C22231

Amount of Each Receipt this Period  
100.00

Receipt

**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 35 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Jon Strohmeyer  
Mailing Address 1900 8th St S  
City Naples State FL Zip Code 34102-7524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation physician  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
300.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: 00708.C22423  
Amount of Each Receipt this Period 100.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patricia Swindle  
Mailing Address 137 Clarke Ave  
City Palm Beach State FL Zip Code 33480-6122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation homemaker  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
200.00  
Date of Receipt 04 / 01 / 2010  
Transaction ID: 00708.C22229  
Amount of Each Receipt this Period 100.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas Tarpey  
Mailing Address 20360 Riverbrooke Run  
City Estero State FL Zip Code 33928-2981  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leafguard Gutter System Occupation owner  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt 04 / 12 / 2010  
Transaction ID: 00708.C22246  
Amount of Each Receipt this Period 500.00  
Receipt

**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 36 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Roger Tompkins  
Mailing Address 8200 Shadetree Ct  
City Jacksonville State FL Zip Code 32256-7153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 200.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: 00708.C22325  
Amount of Each Receipt this Period 100.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Leo Vecellio  
Mailing Address 210 Via Del Mar  
City Palm Beach State FL Zip Code 33480-4822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vecellio Contracting Corp. Occupation contractor  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 05 / 05 / 2010  
Transaction ID: 00708.C22402  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gail Weiss  
Mailing Address 421 Palo Verde Dr  
City Naples State FL Zip Code 34119-1804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2400.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: 00708.C22457  
Amount of Each Receipt this Period 2400.00  
Receipt

**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 37 / 76  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Virginia Wentworth

Mailing Address 100 Glenview PI Apt 603  
Apt. 603

City State Zip Code  
Naples FL 34108-3130

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2010

Transaction ID: 00708.C22439

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address PO Box 1009

City State Zip Code  
Boca Grande FL 33921-1009

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

Name of Employer retired Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 22 / 2010

Transaction ID: 00708.C22298

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Grace Youngquist

Mailing Address 17700 Corkscrew Rd

City State Zip Code  
Estero FL 33928-9447

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 05 / 2010

Transaction ID: 00407.C22177

Amount of Each Receipt this Period  
250.00

Receipt

**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 38 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Zagger		Date of Receipt
	Mailing Address 4160 Yarmouth Ct		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	North Fort Myers	FL	33903-4945
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer retired		Occupation retired
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="425.00"/>	
		Transaction ID: 00708.C22292	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
		Receipt	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="44663.00"/>

**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 39 / 76

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Collier Co Rep Executive Committee

Transaction ID: 00708.E5495  
Date of Disbursement

Mailing Address P. O. Box 7367

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

City State Zip Code  
Naples FL 34101-

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
fundraiser

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISER

State: District:

B.

Full Name (Last, First, Middle Initial)  
Florida Department of State

Transaction ID: 00708.E5539  
Date of Disbursement

Mailing Address 500 S. Boronough, #316

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

City State Zip Code  
Tallahassee FL 32399-

Amount of Each Disbursement this Period

10440.00
----------

Purpose of Disbursement  
ballot qualifying fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

BALLOT QUALIFYING FEE

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Rob Jennings

Transaction ID: 00708.E5415  
Date of Disbursement

Mailing Address 501 L St NW

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

City State Zip Code  
Washington DC 20001-3670

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
fundraising consulting fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING CONSULTING FEE

State: District:

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

12340.00
----------

**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 40 / 76

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Rob Jennings  Mailing Address 501 L St NW  City Washington State DC Zip Code 20001-3670  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00708.E5455 Date of Disbursement 05 / 01 / 2010  Amount of Each Disbursement this Period 1500.00  FUNDRAISING CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Rob Jennings  Mailing Address 501 L St NW  City Washington State DC Zip Code 20001-3670  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: 00708.E5496 Date of Disbursement 05 / 27 / 2010  Amount of Each Disbursement this Period 1500.00  FUNDRAISING CONSULTING FEE
<b>C.</b>	Full Name (Last, First, Middle Initial) Hans Klingler  Mailing Address 803 Corbin Dr  City Burkburnett State TX Zip Code 76354-2522  Purpose of Disbursement Reimbursement for travel expenses 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: 00708.E5498 Date of Disbursement 05 / 28 / 2010  Amount of Each Disbursement this Period 1910.28  REIMBURSEMENT FOR TRAVEL EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4910.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan Mailing Address 3048 Horizon Ln Apt 1103 City Naples State FL Zip Code 34109-8960 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: 00708.E5414 Date of Disbursement 04 / 01 / 2010	Amount of Each Disbursement this Period 500.00 FUNDRAISING CONSULTING FEE
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan Mailing Address 3048 Horizon Ln Apt 1103 City Naples State FL Zip Code 34109-8960 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: 00708.E5456 Date of Disbursement 05 / 01 / 2010	Amount of Each Disbursement this Period 500.00 FUNDRAISING CONSULTING FEE
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan Mailing Address 3048 Horizon Ln Apt 1103 City Naples State FL Zip Code 34109-8960 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: 00708.E5497 Date of Disbursement 05 / 28 / 2010	Amount of Each Disbursement this Period 500.00 FUNDRAISING CONSULTING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</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><b>Transaction ID:</b> 00708.E5425 <b>Date of Disbursement</b> 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2317.96</p> <p><b>CREDIT CARD: SEE BELOW</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</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><b>Transaction ID:</b> 00708.E5426 <b>Date of Disbursement</b> 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 536.76</p> <p><b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Doc Fords</p> <p>Mailing Address 975 Rabbit Road</p> <p>City Naples State FL Zip Code 34102-</p> <p>Purpose of Disbursement meals</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><b>Transaction ID:</b> 00708.E5427 <b>Date of Disbursement</b> 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 55.59</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

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

2317.96

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) Apple Store</p> <p>Mailing Address 1100 So Haynes St</p> <p>City Arlington State VA Zip Code 22202-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5428</p> <p>Date of Disbursement</p> <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>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">104.89</td> </tr> </table> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0	104.89
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	1	0													
104.89																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2774 East Colonial Drive</p> <p>City Orlando State FL Zip Code 32803-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5429</p> <p>Date of Disbursement</p> <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>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">28.12</td> </tr> </table> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0	28.12
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	1	0													
28.12																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Palm</p> <p>Mailing Address 1225 19th Street, NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5430</p> <p>Date of Disbursement</p> <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>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">326.50</td> </tr> </table> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0	326.50
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	1	0													
326.50																						

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

0.00
------

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

--

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of 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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5431  
Date of Disbursement

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

Amount of Each Disbursement this Period

38.17
-------

[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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5432  
Date of Disbursement

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

Amount of Each Disbursement this Period

114.07
--------

[MEMO ITEM]  
MEMO: EXPRESS MAIL DELIVERY

C.

Full Name (Last, First, Middle Initial)  
Garden District

Mailing Address 4202 9th Street N

City Naples State FL Zip Code 34103-

Purpose of Disbursement  
event expenses

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5433  
Date of Disbursement

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

Amount of Each Disbursement this Period

153.70
--------

[MEMO ITEM]  
MEMO: EVENT EXPENSES

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

0.00
------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Tele Florist VENDOR:	Transaction ID: 00708.E5434 Date of Disbursement 04 / 05 / 2010
	Mailing Address PO Box 60910	Amount of Each Disbursement this Period 219.35
	City Los Angeles State CA Zip Code 90060-0910	
	Purpose of Disbursement event expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSES

B.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: 00708.E5435 Date of Disbursement 04 / 05 / 2010
	Mailing Address 5019 S Cleveland Ave	Amount of Each Disbursement this Period 72.06
	City Fort Myers State FL Zip Code 33907-1373	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 00708.E5436 Date of Disbursement 04 / 05 / 2010
	Mailing Address 131 North Court House Rd	Amount of Each Disbursement this Period 235.53
	City Arlington State VA Zip Code 22201-	
	Purpose of Disbursement telephone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) CVS Pharmacy Mailing Address 294 9th St S City Naples State FL Zip Code 34102-6259 Purpose of Disbursement 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: 00708.E5437 Date of Disbursement 04 / 05 / 2010 Amount of Each Disbursement this Period 103.15 [MEMO ITEM] MEMO: EVENT SUPPLIES	
<b>B.</b>	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. Mailing Address 1922 Miccosukee Road City Tallahassee State FL Zip Code 32308- Purpose of Disbursement blackberry 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: 00708.E5438 Date of Disbursement 04 / 05 / 2010 Amount of Each Disbursement this Period 179.50 [MEMO ITEM] MEMO: BLACKBERRY SERVICE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Phonetag Mailing Address 110 E 59th St City New York State NY Zip Code 10022-1306 Purpose of Disbursement voicemail 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: 00708.E5439 Date of Disbursement 04 / 05 / 2010 Amount of Each Disbursement this Period 29.95 [MEMO ITEM] MEMO: VOICEMAIL SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement meals Candidate Name <hr/> 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: 00708.E5440 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 92.55
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P. O. Box 360002 <hr/> City Fort Lauderdale State FL Zip Code 33336- <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> 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: 00708.E5467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 1524.65
<b>C.</b>	Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 5019 S Cleveland Ave <hr/> City Fort Myers State FL Zip Code 33907-1373 <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> 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: 00708.E5468 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 51.93

**[MEMO ITEM]**  
MEMO: MEALS

CREDIT CARD: SEE BELOW

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1524.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5471  
Date of Disbursement

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

Amount of Each Disbursement this Period

301.87
--------

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVERY

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address Pagefield Postal Store

City Fort Myers State FL Zip Code 33907-1403

Purpose of Disbursement  
mailing supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5472  
Date of Disbursement

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

Amount of Each Disbursement this Period

79.70
-------

[MEMO ITEM]

MEMO: MAILING SUPPLIES

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

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 00708.E5473  
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00
--------

[MEMO ITEM]

MEMO: NEWSPAPER CLIPPING SERVICE

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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  
telephone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5474  
Date of Disbursement

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

Amount of Each Disbursement this Period

170.46
--------

**[MEMO ITEM]**  
MEMO: TELEPHONE SERVICE

B.

Full Name (Last, First, Middle Initial)  
Phonetag

Mailing Address 110 E 59th St

City New York State NY Zip Code 10022-1306

Purpose of Disbursement  
voicemail service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5475  
Date of Disbursement

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

Amount of Each Disbursement this Period

29.95
-------

**[MEMO ITEM]**  
MEMO: VOICEMAIL SERVICE

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  
event catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5476  
Date of Disbursement

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

Amount of Each Disbursement this Period

326.58
--------

**[MEMO ITEM]**  
MEMO: EVENT CATERING

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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 50 / 76

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</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><b>Transaction ID:</b> 00708.E5477 <b>Date of Disbursement</b> 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 197.25</p> <p><b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</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><b>Transaction ID:</b> 00708.E5508 <b>Date of Disbursement</b> 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 5525.93</p> <p>CREDIT CARD: SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</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><b>Transaction ID:</b> 00708.E5509 <b>Date of Disbursement</b> 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 225.20</p> <p><b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE</p>

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

5525.93

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) Doc Fords</p> <p>Mailing Address 975 Rabbit Road</p> <p>City Naples State FL Zip Code 34102-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5510</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72.26"/></p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hilton Garden Inn</p> <p>Mailing Address 12600 University Dr</p> <p>City Fort Myers State FL Zip Code 33907-5670</p> <p>Purpose of Disbursement lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5511</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="167.90"/></p> <p><b>[MEMO ITEM]</b> MEMO: LODGING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mortons of Arlington</p> <p>Mailing Address 1750 Crystal Dr</p> <p>City Arlington State VA Zip Code 22202-3401</p> <p>Purpose of Disbursement event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5512</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="745.87"/></p> <p><b>[MEMO ITEM]</b> MEMO: EVENT CATERING</p>

**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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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: 00708.E5513  
Date of Disbursement

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

Amount of Each Disbursement this Period

378.73
--------

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVERY

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 - car rental

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 00708.E5514  
Date of Disbursement

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

Amount of Each Disbursement this Period

100.54
--------

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - CAR RENTAL

C.

Full Name (Last, First, Middle Initial)  
Balloons Over Ft. Myers

Mailing Address 4497 Meade Ave

City Fort Myers State FL Zip Code 33901-8932

Purpose of Disbursement  
charity event

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 00708.E5515  
Date of Disbursement

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

Amount of Each Disbursement this Period

425.91
--------

[MEMO ITEM]

MEMO: CHARITY EVENT

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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  
telephone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5516  
Date of Disbursement

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

Amount of Each Disbursement this Period

170.82
--------

**[MEMO ITEM]**  
MEMO: TELEPHONE SERVICE

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5518  
Date of Disbursement

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

Amount of Each Disbursement this Period

125.00
--------

**[MEMO ITEM]**  
MEMO: NEWSPAPER CLIPPING SERVICE

C.

Full Name (Last, First, Middle Initial)  
Publix

Mailing Address Colonial Crossings  
4600 Summerlin Rd

City Fort Myers State FL Zip Code 33919-

Purpose of Disbursement  
event supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5519  
Date of Disbursement

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

Amount of Each Disbursement this Period

8.97
------

**[MEMO ITEM]**  
MEMO: EVENT SUPPLIES

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) CVS Pharmacy  Mailing Address 5037 S Cleveland Ave  City Fort Myers State FL Zip Code 33907-1377  Purpose of Disbursement campaign 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: 00708.E5520 Date of Disbursement 06 / 08 / 2010  Amount of Each Disbursement this Period 61.61  <b>[MEMO ITEM]</b> MEMO: CAMPAIGN SUPPLIES
<b>B.</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 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: 00708.E5521 Date of Disbursement 06 / 08 / 2010  Amount of Each Disbursement this Period 93.99  <b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Phonetag  Mailing Address 110 E 59th St  City New York State NY Zip Code 10022-1306  Purpose of Disbursement voicemail 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: 00708.E5523 Date of Disbursement 06 / 08 / 2010  Amount of Each Disbursement this Period 29.95  <b>[MEMO ITEM]</b> MEMO: VOICEMAIL SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement meals Candidate Name <hr/> 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: 00708.E5524 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 218.01
<b>B.</b>	Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Avenue, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement campaign software Candidate Name <hr/> 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: 00708.E5525 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 2400.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. <hr/> Mailing Address 1922 Miccosukee Road <hr/> City Tallahassee State FL Zip Code 32308- <hr/> Purpose of Disbursement blackberry service Candidate Name <hr/> 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: 00708.E5526 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 249.75

**[MEMO ITEM]**  
MEMO: MEALS

**[MEMO ITEM]**  
MEMO: CAMPAIGN SOFTWARE

**[MEMO ITEM]**  
MEMO: BLACKBERRY 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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement FEC Campaign Reporting</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><b>Transaction ID:</b> 00708.E5419</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 3963.63</p> <p><b>FEC CAMPAIGN REPORTING</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement Legal</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><b>Transaction ID:</b> 00708.E5420</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 562.00</p> <p><b>LEGAL</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement FEC Campaign Reporting</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><b>Transaction ID:</b> 00708.E5460</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 4748.40</p> <p><b>FEC CAMPAIGN REPORTING</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9274.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</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 Legal 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: 00708.E5461 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 2064.00 LEGAL	
<b>B.</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 Legal 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: 00708.E5504 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 316.00 LEGAL	
<b>C.</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 FEC Campaign Reporting 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: 00708.E5503 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 4963.63 FEC CAMPAIGN REPORTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7343.63</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 00708.E5458 Date of Disbursement 04 / 26 / 2010
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 383.17
	City Tampa State FL Zip Code 33631-3488	
	Purpose of Disbursement cell phone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE SERVICE

B.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 00708.E5501 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 384.04
	City Tampa State FL Zip Code 33631-3488	
	Purpose of Disbursement cell phone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE SERVICE

C.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 00708.E5537 Date of Disbursement 06 / 28 / 2010
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 383.01
	City Tampa State FL Zip Code 33631-3488	
	Purpose of Disbursement cell phone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1150.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <hr/> <p>Mailing Address Olin Hill &amp; Associates Inc 2804 Del Prado Blvd S Suite 107</p> <hr/> <p>City Cape Coral State FL Zip Code 33904-7282</p> <hr/> <p>Purpose of Disbursement campaign car insurance</p> <p>Candidate Name</p> <hr/> <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><b>Transaction ID:</b> 00708.E5423</p> <p>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>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>205.55</td> </tr> </table> </p> <hr/> <p>CATEGORY/TYPE CAMPAIGN CAR INSURANCE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	5	/	2	0	1	0	205.55
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	5	/	2	0	1	0													
205.55																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <hr/> <p>Mailing Address Olin Hill &amp; Associates Inc 2804 Del Prado Blvd S Suite 107</p> <hr/> <p>City Cape Coral State FL Zip Code 33904-7282</p> <hr/> <p>Purpose of Disbursement campaign car insurance</p> <p>Candidate Name</p> <hr/> <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><b>Transaction ID:</b> 00708.E5465</p> <p>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>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>205.55</td> </tr> </table> </p> <hr/> <p>CATEGORY/TYPE CAMPAIGN CAR INSURANCE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	6	/	2	0	1	0	205.55
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	6	/	2	0	1	0													
205.55																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auto Owners Inc</p> <hr/> <p>Mailing Address Olin Hill &amp; Associates Inc 2804 Del Prado Blvd S Suite 107</p> <hr/> <p>City Cape Coral State FL Zip Code 33904-7282</p> <hr/> <p>Purpose of Disbursement campaign car insurance</p> <p>Candidate Name</p> <hr/> <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><b>Transaction ID:</b> 00708.E5506</p> <p>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>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>205.55</td> </tr> </table> </p> <hr/> <p>CATEGORY/TYPE CAMPAIGN CAR INSURANCE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	8	/	2	0	1	0	205.55
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	8	/	2	0	1	0													
205.55																						

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

**616.65**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</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: SEE BELOW Candidate Name <span style="float: right;">Category/ Type</span>  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: 00708.E5442 Date of Disbursement 04 / 05 / 2010  Amount of Each Disbursement this Period 1555.46  CREDIT CARD: SEE BELOW
<b>B.</b>	Full Name (Last, First, Middle Initial) FedEx Kinkos  Mailing Address 317 Pennsylvania Ave.  City Washington State DC Zip Code 20003-  Purpose of Disbursement printing services Candidate Name <span style="float: right;">Category/ Type</span>  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: 00708.E5445 Date of Disbursement 04 / 05 / 2010  Amount of Each Disbursement this Period 312.17  [MEMO ITEM] MEMO: PRINTING SERVICES
<b>C.</b>	Full Name (Last, First, Middle Initial) Vergina Restaurant  Mailing Address 700 5th Ave S  City Naples State FL Zip Code 34102-6604  Purpose of Disbursement meals Candidate Name <span style="float: right;">Category/ Type</span>  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: 00708.E5446 Date of Disbursement 04 / 05 / 2010  Amount of Each Disbursement this Period 120.44  [MEMO ITEM] MEMO: MEALS

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

1555.46

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
CenturyLink

Mailing Address PO Box 96064

City State Zip Code  
Charlotte NC 28296-0064

Purpose of Disbursement  
telephone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5447

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

70.73

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

B.

Full Name (Last, First, Middle Initial)  
Google

Mailing Address 1600 Amphitheatre Pkwy

City State Zip Code  
Mountain View CA 94043-1351

Purpose of Disbursement  
advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5448

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

25.18

[MEMO ITEM]

MEMO: ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address 4333 Amon Carter Blvd

City State Zip Code  
Fort Worth TX 76155-

Purpose of Disbursement  
travel expense - airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5449

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

704.80

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRLINE 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)

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

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NAME OF COMMITTEE (In Full)  
Friends of 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: 00708.E5450  
Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

133.96

[MEMO ITEM]  
MEMO: MEALS

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

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 00708.E5451  
Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

165.84

[MEMO ITEM]  
MEMO: STORAGE

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 fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 00708.E5480  
Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

12.88

[MEMO ITEM]  
MEMO: CREDIT CARD 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)

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

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NAME OF COMMITTEE (In Full)  
Friends of 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 <span style="float: right;">Category/ Type</span>  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: 00708.E5479 Date of Disbursement 05 / 06 / 2010  Amount of Each Disbursement this Period 9357.05  CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address Pagefield Postal Store  City Fort Myers State FL Zip Code 33907-1403  Purpose of Disbursement mailing supplies Candidate Name <span style="float: right;">Category/ Type</span>  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: 00708.E5481 Date of Disbursement 05 / 06 / 2010  Amount of Each Disbursement this Period 17.60  [MEMO ITEM] MEMO: MAILING SUPPLIES
C.	Full Name (Last, First, Middle Initial) US Airways  Mailing Address 7 Park Center  City Pittsburgh State PA Zip Code 15220-  Purpose of Disbursement air travel Candidate Name <span style="float: right;">Category/ Type</span>  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: 00708.E5482 Date of Disbursement 05 / 06 / 2010  Amount of Each Disbursement this Period 3136.40  [MEMO ITEM] MEMO: AIR TRAVEL

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

9357.05

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Gulf Harbour Golf & Country Club <hr/> Mailing Address 14500 Vista River Dr <hr/> City Fort Myers State FL Zip Code 33908-7911 <hr/> Purpose of Disbursement fundraising event expense Candidate Name <hr/> 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: 00708.E5483 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 5146.22 <hr/> <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) Hilton Garden Inn <hr/> Mailing Address 12600 University Dr <hr/> City Fort Myers State FL Zip Code 33907-5670 <hr/> Purpose of Disbursement event expense Candidate Name <hr/> 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: 00708.E5486 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 258.33 <hr/> <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Tortilla Coast <hr/> Mailing Address 400 1st Street, S.E. <hr/> City Washington State DC Zip Code 20016- <hr/> Purpose of Disbursement event catering Candidate Name <hr/> 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: 00708.E5488 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 511.90 <hr/> <b>[MEMO ITEM]</b> MEMO: EVENT CATERTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage <hr/> Mailing Address 8953 Terrene Court <hr/> City Bonita Springs State FL Zip Code 34135- <hr/> Purpose of Disbursement storage Candidate Name <hr/> 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: 00708.E5489 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 165.84 <hr/> <b>[MEMO ITEM]</b> MEMO: STORAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Chase Card Services <hr/> Mailing Address PO Box 15153 <hr/> City Wilmington State DE Zip Code 19886-5153 <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> 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: 00708.E5527 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 8694.49 <hr/> CREDIT CARD: SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 7 Park Center <hr/> City Pittsburgh State PA Zip Code 15220- <hr/> Purpose of Disbursement air travel Candidate Name <hr/> 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: 00708.E5528 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 310.40 <hr/> <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8694.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) CenturyLink Mailing Address PO Box 96064 City Charlotte State NC Zip Code 28296-0064 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) ▼	Transaction ID: 00708.E5529 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 70.80	[MEMO ITEM] MEMO: TELEPHONE SERVICE
<b>B.</b>	Full Name (Last, First, Middle Initial) Vineyard Vines Mailing Address 10801 Corkscrew Rd City Estero State FL Zip Code 33928-9430 Purpose of Disbursement donor gifts 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: 00708.E5530 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 8037.50	[MEMO ITEM] MEMO: DONOR GIFTS
<b>C.</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: 00708.E5532 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 165.84	[MEMO ITEM] MEMO: STORAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 68 / 76

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Edonation 1 Account	Transaction ID: 00708.E5536 Date of Disbursement 06 / 30 / 2010
	Mailing Address 118 N Saint Asaph St	Amount of Each Disbursement this Period 434.10
	City Alexandria State VA Zip Code 22314-3110	
	Purpose of Disbursement fundraising fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING FEE

B.	Full Name (Last, First, Middle Initial) Field of Dreams	Transaction ID: 00708.E5490 Date of Disbursement 05 / 06 / 2010
	Mailing Address 8177 Gull Ln	Amount of Each Disbursement this Period 250.00
	City Fort Myers State FL Zip Code 33967-3408	
	Purpose of Disbursement fundraising supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING SUPPLIES

C.	Full Name (Last, First, Middle Initial) Ford Credit	Transaction ID: 00708.E5424 Date of Disbursement 04 / 05 / 2010
	Mailing Address PO Box 105697	Amount of Each Disbursement this Period 635.71
	City Atlanta State GA Zip Code 30348-5697	
	Purpose of Disbursement campaign car Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CAR

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1319.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Ford Credit <hr/> Mailing Address PO Box 105697 <hr/> City Atlanta State GA Zip Code 30348-5697 <hr/> Purpose of Disbursement campaign car Candidate Name <hr/> 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: 00708.E5466 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 635.71 <hr/> CAMPAIGN CAR
<b>B.</b>	Full Name (Last, First, Middle Initial) Ford Credit <hr/> Mailing Address PO Box 105697 <hr/> City Atlanta State GA Zip Code 30348-5697 <hr/> Purpose of Disbursement campaign car Candidate Name <hr/> 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: 00708.E5507 Date of Disbursement 06 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 635.71 <hr/> CAMPAIGN CAR
<b>C.</b>	Full Name (Last, First, Middle Initial) Jivaldi LLC <hr/> Mailing Address 707 MOUNT Errigal PI <hr/> City Lincoln State CA Zip Code 95648- <hr/> Purpose of Disbursement website service fee Candidate Name <hr/> 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: 00708.E5422 Date of Disbursement 04 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 225.00 <hr/> WEBSITE SERVICE FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1496.42
<b>TOTAL</b> 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 70 / 76

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 707 MOUNT ERRIGAL PI</p> <p>City Lincoln State CA Zip Code 95648-</p> <p>Purpose of Disbursement website service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5464</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p> <p><b>WEBSITE SERVICE FEE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 707 MOUNT ERRIGAL PI</p> <p>City Lincoln State CA Zip Code 95648-</p> <p>Purpose of Disbursement website service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5505</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.03"/></p> <p><b>WEBSITE SERVICE FEE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address 1283 MAIN STREET PO Box 254</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement direct mail and telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5417</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16781.89"/></p> <p><b>DIRECT MAIL AND TELEMARKETING</b></p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
SCM Associates, Inc.

Transaction ID: 00708.E5459  
Date of Disbursement

Mailing Address 1283 Main Street  
PO Box 254

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

City Dublin State NH Zip Code 03444-

Amount of Each Disbursement this Period

4802.78
---------

Purpose of Disbursement  
direct mail and telemarketing

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

DIRECT MAIL AND TELEMARKETING

B.

Full Name (Last, First, Middle Initial)  
SCM Associates, Inc.

Transaction ID: 00708.E5502  
Date of Disbursement

Mailing Address 1283 Main Street  
PO Box 254

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

City Dublin State NH Zip Code 03444-

Amount of Each Disbursement this Period

61.33
-------

Purpose of Disbursement  
direct mail and telemarketing

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

DIRECT MAIL AND TELEMARKETING

C.

Full Name (Last, First, Middle Initial)  
Southwest Direct

Transaction ID: 00708.E5418  
Date of Disbursement

Mailing Address 2129 Andrea Ln

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

City Fort Myers State FL Zip Code 33912-1903

Amount of Each Disbursement this Period

1619.69
---------

Purpose of Disbursement  
direct mail services

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

DIRECT MAIL SERVICES

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

6483.80
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

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  
PO Box Renewal

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5463  
Date of Disbursement

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

Amount of Each Disbursement this Period

133.56
--------

PO BOX RENEWAL

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 1050 Connecticut Ave, NW

City State Zip Code  
Washington DC 20036-

Purpose of Disbursement  
Stamps

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5492  
Date of Disbursement

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

Amount of Each Disbursement this Period

176.00
--------

STAMPS

C.

Full Name (Last, First, Middle Initial)  
Andrick & Associates VENDOR:

Mailing Address 4400 Independence Ct

City State Zip Code  
Sarasota FL 34234-4727

Purpose of Disbursement  
Direct Mail Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00708.E5421  
Date of Disbursement

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

Amount of Each Disbursement this Period

2124.71
---------

DIRECT MAIL SERVICES

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

2434.27
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b> Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement political consulting and expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E5416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 3783.70
	POLITICAL CONSULTING AND EXPENSES
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement political consulting and expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E5457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5259.96
	POLITICAL CONSULTING AND EXPENSES
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc. <hr/> Mailing Address 16 N Astor St <hr/> City Irvington State NY Zip Code 10533-1522 <hr/> Purpose of Disbursement political consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E5500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00
	POLITICAL CONSULTING
	Category/Type

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

12543.66

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capital Campaigns</p> <p>Mailing Address 6016 Corbin Ave</p> <p>City Tarzana State CA Zip Code 91356-1009</p> <p>Purpose of Disbursement fundraising consultant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5453</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>FUNDRAISING CONSULTANT FEE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capital Campaigns</p> <p>Mailing Address 6016 Corbin Ave</p> <p>City Tarzana State CA Zip Code 91356-1009</p> <p>Purpose of Disbursement fundraising consultant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5494</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>FUNDRAISING CONSULTANT FEE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital Campaigns</p> <p>Mailing Address 6016 Corbin Ave</p> <p>City Tarzana State CA Zip Code 91356-1009</p> <p>Purpose of Disbursement fundraising consultant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00708.E5499</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>FUNDRAISING CONSULTANT FEE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) SCR & Associates Mailing Address 4 Leblanc Dr City Danvers State MA Zip Code 01923-1396 Purpose of Disbursement fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00708.E5454 Date of Disbursement 04 / 19 / 2010	Amount of Each Disbursement this Period 2500.00 FUNDRAISING CONSULTING
B.	Full Name (Last, First, Middle Initial) Wachovia Mailing Address 1100 Connecticut Ave NW City Washington State DC Zip Code 20036-4101 Purpose of Disbursement Bank 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: 00708.E5493 Date of Disbursement 04 / 30 / 2010	Amount of Each Disbursement this Period 31.25 BANK FEE
C.	Full Name (Last, First, Middle Initial) Wachovia Mailing Address 1100 Connecticut Ave NW City Washington State DC Zip Code 20036-4101 Purpose of Disbursement bank 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: 00708.E5534 Date of Disbursement 05 / 14 / 2010	Amount of Each Disbursement this Period 5.79 BANK FEE

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

2537.04

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Wachovia

Transaction ID: 00708.E5538  
Date of Disbursement

Mailing Address 1100 Connecticut Ave NW

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

City Washington State DC Zip Code 20036-4101

Amount of Each Disbursement this Period

35.00
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Purpose of Disbursement  
bank fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

BANK FEE

State: District:

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

35.00
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TOTAL This Period (last page this line number only) ..... ►

126598.42
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