



FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20461

THIS IS THE BEGINNING OF MUR # 3961

DATE FILMED 5-25-91 CAMERA NO. 2

CAMERAMAN JMH

94030974916

REPORTS ANALYSIS REFERRAL

TO

OFFICE OF GENERAL COUNSEL

DATE: December 22, 1993

ANALYST: PAT SHEPPARD

I. COMMITTEE: Friends of Connie Mack
(C00218230)
Robert I. Watkins, Treasurer
610 South Boulevard, Suite 100
Tampa, FL 33606

II. RELEVANT STATUTE: 2 U.S.C. §441a(f)

III. BACKGROUND:

Receipt of Excessive Contributions

Friends of Connie Mack ("the Committee") has accepted excessive contributions totaling \$31,466 (\$9,630 during 1991 and \$21,836 during 1992). These contributions were made by eighty-eight (88) individuals, one (1) partnership, and four (4) political committees. To date, the Committee has refunded or received redesignation or reattribution of \$27,466 of the excessive amounts.

Presented below is a summary of the excessive contributions received, the notices sent and the responses received. For specific details, please refer to the attached chart and its supporting documents. The chart is an alphabetical listing of all the excessive contributions received by the Committee.

A. 1991 Mid-Year Report

Schedule A of the Committee's report discloses the receipt of excessive contributions totaling \$4,440. These contributions were made by twenty (20) individuals. Schedule A also notes that all contributions had been refunded. On December 6, 1991 an Informational Notice was sent to the Committee (Attachment 2). The Notice notes the receipt and refund of the excessive amounts.

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B. 1991 Year End Report

Schedule A of the Committee's report discloses the receipt of excessive contributions totaling \$5,190. These contributions were made by four (4) individuals, one (1) partnership, and one (1) qualified multicandidate political committee. Schedule A of the Committee's report indicates that all individual excessives have been refunded.

C. 1992 Mid-Year Report

Schedule A of the Committee's report discloses the receipt of excessive contributions totaling \$17,061. These contributions were made by fifty-seven (57) individuals, one (1) non-qualified multicandidate political committee, and one (1) qualified multicandidate political committee. Schedule A of the Committee's report indicates that all individual excessives have been refunded.

D. 1992 Year End Report

Schedule A of the Committee's report discloses the receipt of excessive contributions totaling \$4,775. These contributions were made by ten (10) individuals and one (1) qualified multicandidate committee. Schedule A of the Committee's report indicates that all individual excessives have been refunded.

On August 10 and 11, 1993, a Request for Additional Information ("RFAI") was sent to the Committee for the 1991 Year End, 1992 Mid-Year and 1992 Year End Reports (Attachment 3). The RFAIs note the receipt and the partial refund of the excessive amounts and request that the Committee refund the remaining excessive amounts.

On August 18, 1993, a Committee representative (Nancy Watkins) called the Reports Analysis Division analyst (Attachment 4). Mrs. Watkins wanted to know what was needed to reply. She also stated that the refund to the partnership and one of the political committees have been made and was disclosed on the Committee's 1993 Mid-Year Report. They talked about the refunds being outside the sixty (60) day window. After discussing other matters, Mrs. Watkins told the analyst that the R.O.U. PAC questioned as non-registered in the RFAI was a registered qualified multicandidate committee. The analyst stated that she should note that in her response to the Commission. The analyst also pointed out that the matter was referable to the Office of General Counsel. Mrs. Watkins said that she would respond as soon as possible.

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On August 23, 1993, the Committee responded by letter (Attachment 5). In the letter, the treasurer states that all refunds to individuals had been made before the letters were sent by the Commission and that they have made the remaining refunds. The treasurer states that the R.O.U. PAC questioned as not qualified was in fact a qualified committee.

On August 24, 1993, the analyst called Mrs. Watkins (Attachment 6). After doing some checking, the analyst informed Mrs. Watkins that the R.O.U. PAC she noted as qualified was qualified; however, it was affiliated to MEBA and District 2 MEBA that had already given the legal limit and she will have to refund the full \$2,000. Mrs. Watkins discussed another contribution received from the R.O.U. PAC in 1993 and stated she would refund the money.

On September 2, 1993, a Second Notice referencing the 1991 Year End Report was sent to clarify an apparent excessive contribution from District 2 MEBA-AMO Fund which was discussed by telephone on August 18, 1993 (Attachment 7).

On September 13, 1993, the Committee responded by letter (Attachment 8). The letter explains that the Committee was unaware of the affiliations that existed between District 2 MEBA-AMO Fund, MEBA Political Action Committee, and R.O.U. PAC and, therefore, failed to make sufficient refunds. The Committee further states that it would refund the appropriate amount to the R.O.U. PAC and disclose it on the report covering the current period. The response also included a copy of the refund check payable to District 2 MEBA-AMO Fund.

On September 7, 1993, a Second Notice referencing the 1992 Year End Report was sent to clarify an apparent excessive contribution from the R.O.U. PAC and its affiliates (Attachment 9).

On September 22, 1993, the Committee responded by letter (Attachment 10). The letter reiterated that the Committee was unaware of the affiliation between District 2 MEBA-AMO Fund, MEBA Political Action Committee, and R.O.U. PAC and that a refund to the R.O.U. PAC would be disclosed on the report covering the current period.

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FEDERAL ELECTION COMMISSION
1991-1992
COMMITTEE INDEX OF DISCLOSURE DOCUMENTS - (C)

DATE 22DEC93

PAGE 1

COMMITTEE	DOCUMENT	RECEIPTS		DISBURSEMENTS		COVERAGE DATES	# OF PAGES	MICROFILM LOCATION
		PRIMARY	GENERAL	PRIMARY	GENERAL			
FRIENDS OF CONNIE MACK CONNECTED ORGANIZATION:						ID 4000218230	SENATE	
1991	STATEMENT OF ORGANIZATION - AMENDMENT					24SEP91	3	91SEN/009/2538
	MID-YEAR REPORT	315,216		185,583		1JAN91 -30JUN91	69	91SEN/007/0453
	1 ST LETTER INFORMATIONAL NOTICE					1JAN91 -30JUN91	45	91FEC/722/1017
	YEAR-END	389,151		193,843		1JUL91 -31DEC91	125	92SEN/004/3935
	YEAR-END - AMENDMENT					1JUL91 -31DEC91	10	93SEN/010/2490
	YEAR-END - AMENDMENT					1JUL91 -31DEC91	4	93SEN/010/4337
	REQUEST FOR ADDITIONAL INFORMATION					1JUL91 -31DEC91	37	93FEC/856/1646
	REQUEST FOR ADDITIONAL INFORMATION 2ND					1JUL91 -31DEC91	2	93FEC/859/3556
1992	MID-YEAR REPORT	422,028		250,040		1JAN92 -30JUN92	222	92SEN/017/3029
	MID-YEAR REPORT - AMENDMENT					1JAN92 -30JUN92	1	93FEC/858/5052
	REQUEST FOR ADDITIONAL INFORMATION					1JAN92 -30JUN92	316	93FEC/856/3109
	YEAR-END	210,507		205,071		1JUL92 -31DEC92	132	93SEN/002/1592
	YEAR-END - AMENDMENT					1JUL92 -31DEC92	1	93FEC/858/5051
	YEAR-END - AMENDMENT					1JUL92 -31DEC92	5	93SEN/011/1209
	REQUEST FOR ADDITIONAL INFORMATION					1JUL92 -31DEC92	33	93FEC/856/1612
	REQUEST FOR ADDITIONAL INFORMATION 2ND					1JUL92 -31DEC92	2	93FEC/859/5412
	TOTAL	1,236,902	0	834,537	0		1007	TOTAL PAGES

All reports have been reviewed.

Cash on Hand as of 12/31/92: \$ 413,863.35

Debts and obligations owed to the committee: \$ 4,682.00

Debts and obligations owed by the committee: \$ 10,269.16

FEDERAL ELECTION COMMISSION
1993-1994
COMMITTEE INDEX OF DISCLOSURE DOCUMENTS - (C)

DATE 22DEC93

PAGE 1

COMMITTEE	DOCUMENT	RECEIPTS		DISBURSEMENTS		COVERAGE DATES	# OF PAGES	MICROFILM LOCATION
		PRIMARY	GENERAL	PRIMARY	GENERAL			
FRIENDS OF CONNIE HACK								
CONNECTED ORGANIZATION:						ID #C00218230 SENATE		
	1993 STATEMENT OF ORGANIZATION - AMENDMENT					7JUN93	3	93SEN/005/3752
	STATEMENT OF ORGANIZATION - AMENDMENT					16AUG93	3	93SEN/010/1068
	MID-YEAR REPORT	1,223,277		380,344		13JAN93 - 30JUN93	448	93SEN/007/0423
	TOTAL	1,223,277	0	380,344	0		454	TOTAL PAGES

All reports have been reviewed.

Cash on Hand as of 6/30/93: \$ 1,256,796.22

Debts and obligations owed to the committee: \$ 4,682.00

Debts and obligations owed by the committee: \$ 0

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-5

DEC - 6 1991

Robert I. Watkins, Treasurer
Friends of Connie Mack
610 South Boulevard, Suite 100
Tampa, FL 33606

Identification Number: C00218230

Reference: Mid-Year Report (1/1/91-6/30/91)

Dear Mr. Watkins:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f))

The Commission acknowledges your statement that the excessive contributions have been refunded. Although the Commission may take further legal steps, your action in refunding the excessive amount(s) will be taken into consideration.

Any amendment or clarification should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510. If you need assistance, please feel free to contact me on our toll-free number (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Pat Sheppard
Senior Reports Analyst
Reports Analysis Division

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

AUG 10 1993

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 N Westshore Blvd. Suite 314
Tampa, FL 33607

Identification Number: C00218230

Reference: Year End Report (7/1/91-12/31/91)

Dear Mr. Watkins:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. No individual, partnership or political committee other than a qualified multicandidate committee may make contributions to a candidate for federal office in excess of \$1,000 per election. Additionally, a multicandidate committee may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441(a) and (f); 11 CFR §110.1(b) and (e))

Please note that contributions designated in writing by the contributor for a particular election must be attributed to that election. Contributions not designated in writing by the contributor will be considered made for the next election for that Federal Office (1994 Primary) (11 CFR §110.1(b)(2)(i) and (ii)).

If the contribution(s) in question was incompletely or incorrectly reported, you should amend your original report with the clarifying information. If the contribution(s) you received exceeds the limit, you should either refund to the donor(s) the amount in excess of \$1,000 or \$5,000 per election or get the donor(s) to redesignate the contribution(s) in writing. The Commission should be notified if a refund is necessary. Refunds are reported on Line 20 of the

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Detailed Summary Page and on Schedule B of the report covering the period in which the refund is made. Redesignations are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR §104.8(d)(2) and (4))

The Commission notes your refund of several excessive contributions. Although the Commission may take further legal steps, prompt action by you to refund or seek redesignation of the excessive amount(s) will be taken into consideration.

-You have previously indicated that your committee has been using "best efforts" to obtain the occupation and name of employer for each contributor. This report discloses a significant increase in the number of entries for which the occupation and/or employer is not available. Please note that the treasurer of a political committee must make at least one effort per solicitation, either by a written request or by an oral request, documented in writing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Pat Sheppard

Pat Sheppard
Senior Reports Analyst
Reports Analysis Division

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 North Westshore Boulevard
Suite 314
Tampa, FL 33607

AUG 11 1993

Identification Number: C00218230

Reference: Mid-Year Report (1/1/92-6/30/92)

Dear Mr. Watkins:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. No individual or political committee other than a qualified multicandidate committee may make contributions to a candidate for federal office in excess of \$1,000 per election. The Gray, Harris & Robinson PAC did not meet the requirements for multicandidate status as of the date the contribution(s) was made to your committee. Additionally, a multicandidate committee may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441(a) and (f); 11 CFR §110.1(b) and (e))

Please note that contributions designated in writing by the contributor for a particular election must be attributed to that election. Contributions not designated in writing by the contributor will be considered made for the next election for that Federal Office (1994 Primary) (11 CFR §110.1(b)(2)(i) and (ii)).

If the contribution(s) in question was incompletely or incorrectly reported, you should amend your original report with the clarifying information. If the contribution(s) you received exceeds the limit, you should refund to the donor(s) the amount in excess of

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\$1,000 or \$5,000 per election. The Commission should be notified if a refund is necessary. Refunds are reported on Line 20 of the Detailed Summary Page and on Schedule B of the report covering the period in which the refund is made. (11 CFR \$104.8(d)(4))

The Commission notes your refund of several excessives. Although the Commission may take further legal steps, prompt action by you to refund the excessive amount(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Pat Sheppard

Pat Sheppard
Senior Reports Analyst
Reports Analysis Division

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 North Westshore Boulevard
Suite 314
Tampa, FL 33607

AUG 10 1993

Identification Number: C00218230

Reference: Year End Report (7/1/92-12/31/92)

Dear Mr. Watkins:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limit set forth in the Act. No individual or political committee other than a qualified multicandidate committee may make contributions to a candidate for federal office in excess of \$1,000 per election. The R.O.U. PAC was not a registered committee with the Commission as of the date the contribution was made to your committee. The term "contribution" includes any gift, subscription, loan, advance or deposit of money and anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b))

Please note that contributions designated in writing by the contributor for a particular election must be attributed to that election. Contributions not designated in writing by the contributor will be considered made for the next election for that Federal Office (1994 Primary) (11 CFR §110.1(b)(2)(i) and (ii)).

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeds the limit, you should either refund to the donor(s) the amount in excess of \$1,000 or get the donor(s) to redesignate the contribution(s) in writing. All refunds and redesignations must be made within sixty days of the treasurer's receipt of the contribution. Copies of

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refund checks and copies of letters redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on Schedule B of the report covering the period in which they are made. Redesignations are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR §104.8(d)(2) and (4))

Although the Commission may take further legal steps, prompt action by you to refund or seek redesignation of the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Pat Sheppard

Pat Sheppard
Senior Reports Analyst
Reports Analysis Division

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ATTACHMENT # 4

MEMORANDUM TO FILES:
XX Telecon
Visit

DATE: August 18, 1993

NAME OF THE COMMITTEE: Friends of Connie Mack (Senate-FL)

SUBJECT: August 10 and 11, 1993 RFAIS

FEC REP: Pat Sheppard

COMMITTEE REP: Nancy Watkins (813)253-0283

Ms. Watkins called to ask how to respond to the letters that she had just received. I informed her that there wasn't much to do since all of the individual contributions had been refunded. I told her that there were several political committee contributions and one partnership contribution that needed to be refunded. Ms. Watkins stated that the refund to the partnership and to Barnett People PAC had been refunded before the Commission notified her and were disclosed in the 1993 Mid Year Report. Ms. Watkins also stated that the political committee questioned as non-registered is in fact registered and a qualified committee. I told her to put that in her response. I also spoke with her about the refunds being outside the sixty (60) day window. She said that she would respond as soon as possible.

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FRIENDS OF CONNIE MACK

August 20, 1993

Ms. Pat Sheppard
Senior Reports Analyst
Federal Election Commission
c/o Secretary of the Senate
232 Hart Senate Office Building
Washington, D.C. 20510

Re: Friends of Connie Mack, I.D. #C00213230
Year End Report (7/1/91-12/31/91)
Mid-Year Report (1/1/92-6/30/92)
Year End Report (7/1/92-12/31/92)

Dear Ms. Sheppard:

As you noted in your letters dated August 10 and 11 regarding the above referenced reports, we refunded all contributions by individuals that exceed the limits set forth in the Act. Each of these refunds was made on our own initiative as soon as we became aware that they were over the limits and have been disclosed on Schedule B of a subsequent report filed by us. These refunds were made long before receiving your letter. Please note, the majority of the contributions in question were refunded more than one year prior to the date of your letter. Although some of the refunds exceeded the sixty day limit, almost without exception they were refunded prior to the date of filing the report covering the period in which they were originally received. Our cash balances were at levels such that at no time were any of these monies expended by the committee.

With respect to Gray, Harris & Robinson PAC, please find enclosed a copy of a refund check for this contribution as well as for a contribution received by us on June 2, 1993. We were not aware that this PAC had not met the requirements for multi-candidate status as of the date of their contribution. Our source book for checking PACs has been the Almanac of Federal PACs. You have informed us that this book is not the correct source and we have ordered the appropriate book from the FEC which we will use at all times in the future.

With respect to R.O.U. PAC, your letter states that they were not a registered committee at the date of their contribution. According to the Public Records Office of the FEC, they were registered and they qualified for multi-candidate status on May 18, 1982. R.O.U. PAC (Radioelectronics Officers Union PAC - District 3) FEC identification number is C00156232. If you believe our information is incorrect, please let us know.


The committee at all times uses "best efforts" as defined by the Commission to obtain occupation and name of employer of contributors. In addition to requesting the information as part of all solicitations, we request the information by telephone if it appears that a contribution will be disclosed on the next report. We also mail a request for the information and a postage-paid envelope to contributors who have not provided the information. These mailings are repeated multiple times. In all written requests, we state that we are required to report the information. Examples are enclosed.

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The majority of the problems you point out occurred quite a long time ago. We are continually reviewing our policies and procedures to insure compliance with the letter and spirit of the Act. We read the Record each month and keep ourselves aware of changes and interpretations as they are proposed and adopted. It has always been and continues to be our intention to fully comply with the Act. We do not view these requirements lightly. Moreover, we view this duty as having the highest priority. We are attentive and vigilant, striving constantly to improve our policies, practices and procedures to insure compliance with a detailed, complex and frequently changing set of laws and regulations: the Act. The FEC could help us comply better by notifying us earlier of any technical violations. We recognized the weaknesses in our control processes with respect to this issue prior to your notification and took corrective action. Indeed, our first report filed after the date of the referenced reports, demonstrates that the corrective action had been taken at our own initiative. In addition, prior to the date of your letter, we had already reviewed our practices and procedures again with respect to these particular matters and, as a result of that review, made further improvements and modifications to our internal control environment that we believe will reliably insure absolute compliance.

Please consider this the written response requested in your letters.

Sincerely,



Robert I. Watkins, C.P.A.
Treasurer
Friends of Connie Mack

Encs.

FRIENDS OF CONNIE MACK 05-93

POST OFFICE BOX 1835
TAMPA, FLORIDA 33601-1835

1229

63-080631
BRANCH 004

August 20 19 93

PAY TO THE
ORDER OF

Gray, Harris & Robinson PAC

\$ 2,000.00

TWO THOUSAND AND 00/100-----

DOLLARS



The Bank of Tampa

BAYSHORE OFFICE
TAMPA, FLORIDA 33606

⑈0001229⑈ ⑆063108680⑆

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

DATE	DESCRIPTION	AMOUNT
	Refund of contribution received by us:	
3/3/92	\$1,000.00	
6/2/93	1,000.00	
	<u>\$2,000.00</u>	

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MEMORANDUM TO FILES:
XX Telecon
Visit

DATE: August 24, 1993

NAME OF THE COMMITTEE: Friends of Connie Mack (Senate-FL)

SUBJECT: R.O.U. Pac

FEC REP: Pat Sheppard

COMMITTEE REP: Nancy Watkins (813) 253-0283

After receiving a call from Ms. Watkins about the R.O.U. PAC being registered I checked and found out that it was a qualified committee thru affiliation with MEBA and District 2 MEBA Pacs. I called Ms. Watkins to inform her of this. She said that she would check into the matter. She also noted that the committees had given two contributions in 1993 that she will also have to refund. I had several questions about some of the amounts of the refunds to the individuals. I told her that I could not find some of the amounts that the committee pointed out as excessive. Ms. Watkins said that all of the refunds were necessary. She said that I may not find some of the contributions because they were unitemized. She stated that some of the contributions were less than \$200.01 in one or the other year and did not require itemization.

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

BQ-3

September 2, 1993

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 N Westshore Blvd. Suite 314
Tampa, FL 33607

Identification Number: C90210230

Reference: Year End Report (7/1/91-12/31/91)

Dear Mr. Watkins:

On August 10, 1993, you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act.

Your August 20, 1993 response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

-Schedule A of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. A multicandidate committee may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441(a) and (f); 11 CFR §110.1(b) and (e))

The Commission notes your refund of several excessive contributions including a refund to District 2 NEBA-AMO Fund. It appears, however, that an excessive contribution of \$1,000 from this committee still remains.

If the contribution(s) in question was incompletely or incorrectly reported, you should amend your original report with the clarifying information. If the contribution(s) you received exceeds the limit, you should either refund to the donor(s) the amount in excess of \$5,000 per election or get the donor(s) to redesignate the contribution(s) in writing. The Commission should be notified if a refund is necessary. Refunds are reported on Line 20 of the Detailed Summary Page and on Schedule B of the report covering the period

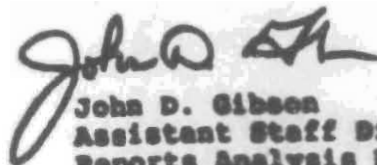
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in which the refund is made. Redesignations are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR 9104.0(d)(2) and (4))

If this information is not received by the Commission within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Pat Sheppard on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,



John D. Gibson
Assistant Staff Director
Reports Analysis Division

9,430,308,748,375

FRIENDS OF CONNIE MACK

U.S. SENATE

93 SEP 13 PM 11:47

SEP 10 12 58 PM '93

September 9, 1993

Mr. John D. Gibson
Assistant Staff Director
Report Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Friends of Connie Mack, I.D. #200213230
Year End Report (7/1/91-12/31/91)

Dear Mr. Gibson:


In response to your letter dated September 2, 1993, please find enclosed a copy of a check in the amount of \$1,000.00 to the District 2 NEBA-AMO Fund. This refund will be disclosed on Line 20 of the report covering the current period.

We thought the original \$2,000.00 refund was sufficient because our committee had received a total of \$7,000.00 from this PAC and the refund brought the total receipts to \$5,000.00, the allowable limit for multi-candidate committees. We interpreted the issue in Ms. Pat Sheppard's original inquiry to be the timing, not the amount, of the \$2,000.00 refund. We were unaware that District 2 NEBA-AMO Fund was affiliated with NEBA Political Action Committee that had previously contributed \$1,000.00. In the course of resolving this issue, Ms. Sheppard has advised us that another PAC, R.O.U. PAC, is also affiliated with these PACs and, accordingly, we have refunded \$2,313.01 to R.O.U. PAC.

As we explained in our original response on August 20, we had been using the Almanac of Federal PACs as our source book for checking the eligibility of PAC contributors. Ms. Sheppard has informed us that this book is not the correct source and we have ordered the appropriate book from the FEC which we will use at all times in the future.

This should provide all requested information regarding the above referenced report. Please let me know if you need additional information.

Sincerely,


Robert I. Watkins, C.P.A.
Treasurer
Friends of Connie Mack

enc.



P.O. BOX 1836 • TAMPA, FLORIDA 33601-1836 • (813) 978-0865

Paid for and authorized by Friends of Connie Mack - Robert I. Watkins, Treasurer
DONATIONS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES

93020104338

HARLAND

SEC. F. 1103 SENATE
SEP 13 PM 11:47

FRIENDS OF CONNIE MACK 00-00 POST OFFICE BOX 1036 TAMPA, FLORIDA 33601-1036		1260 03-000-031 BRANCH 004
PAY TO THE ORDER OF <u>District 2 MEBA-AMO Retirees Assoc. Fund</u>		September 8 19 93
\$ 1000.00		
ONE THOUSAND AND 00/100-----		DOLLARS
 The Bank of Tampa COMMERCIAL OFFICE TAMPA, FLORIDA 33601		
		
⑆0001260⑆ ⑆063108680⑆ 41005805⑆		

FRIENDS OF CONNIE MACK

DATE	DESCRIPTION	AMOUNT
9/8/93	Contribution refund	\$1,000.00



FEDERAL ELECTION COMMISSION

WASHINGTON, DC 20541

BQ-3

September 7, 1993

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 North Westshore Boulevard
Suite 314
Tampa, FL 33607

Identification Number: C00218230

Reference: Year End Report (7/1/92-12/31/92)

Dear Mr. Watkins:

On August 10, 1993, you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act.

Your August 23, 1993 response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

-Records at the Commission indicate that R.O.U. PAC and its affiliates may have made contributions which exceed the limits set forth in the Act (pertinent portions attached). The Act precludes multicandidate committees and their affiliates from making contributions to a candidate for federal office which, when combined, exceed \$5,000 per election. (2 U.S.C. §461(a)(a))

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeds the limit, you should either refund to the donor(s) the amount in excess of \$5,000 or get the donor(s) to redesignate the contribution(s) in writing. All refunds and redesignations must be made within sixty days of the treasurer's receipt of the contribution. Copies of refund checks and copies of letters redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on Schedule B of the report covering the period in which they are made. Redesignations are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR §104.8(d)(2) and (4))

9,450,309,913421348

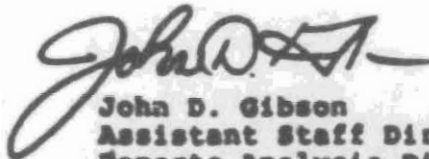
FRINDS OF CONSIDER
PAGE 2

Although the Commission may take further legal steps, prompt action by you to refund or seek redesignation of the excessive amount will be taken into consideration.

If this information is not received by the Commission within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Pat Sheppard on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,



John D. Gibson
Assistant Staff Director
Reports Analysis Division

9-45030997441309

REGULAR MAIL

SEP 15 1993

FRIENDS OF CONNIE MACK

RECEIVED
SECRETARY OF THE SENATE

93 SEP 22 AM 10:47 2:10 PM '93

HAND DELIVERED ☐

September 15, 1993

Mr. John D. Gibson
Assistant Staff Director
Report Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Friends of Connie Mack, I.D. #200213230
Year End Report (7/1/92-12/31/92)

Dear Mr. Gibson:

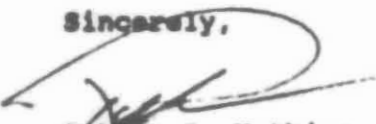
In response to your letter dated September 7, 1993, you state our response of August 20, 1993 was incomplete because we had received excess contributions from R.O.U. PAC. We believe our original response was complete. Please see the attached copy of your original inquiry that said that R.O.U. PAC was not registered with the Commission at the time of their contribution, not that it had excessive contributions.

Our response on August 20 stated that this PAC was registered with the Commission on May 18, 1992 according to the Public Records Office of the FEC and we included their FEC I.D. number. It was at this point, after your original inquiry, that it was determined that even though their contribution were less than \$5,000.00 for the current election cycle, there were excess contributions from R.O.U. PAC due to their affiliation with other PAC's.

In any event, we have already refunded \$2,313.01 to R.O.U. PAC. This refund will be disclosed on Line 20 of the report covering the current period. This refund reflects the excess amount received during the above referenced period as well as \$313.01 received during the last reporting period ended June 30, 1993.

Please let me know if you need additional information.

Sincerely,


Robert I. Watkins, C.P.A.
Treasurer
Friends of Connie Mack

enc.

93 SEP 20 PM 3:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

* APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
ALEXANDER, DR. HICKS FLORENCE	PRIMARY	1000.00		02/10/1989					1A
	GENERAL	500.00		02/10/1989					1A
	GENERAL	1000.00	500.00	02/04/1992					1B
	GENERAL						(500.00)	07/27/1992	1C, 1D
ALLEN, E C	PRIMARY	200.00		UNITEMIZED ^{1/}					2E, 2F
	PRIMARY	1000.00	220.00	12/19/1988*					2A
	PRIMARY	100.00	100.00	10/22/1991					2C
	PRIMARY						(100.00)	01/28/1992	2D
	PRIMARY						(220.00)	07/27/1992	2E, 2F
	GENERAL	330.00		12/03/1990					2B
	GENERAL	330.00		07/28/1991					2C
BADCOCK, JR, W S	PRIMARY	150.00		UNITEMIZED					3A
	PRIMARY	330.00		04/06/1990					3B
	PRIMARY	330.00		01/28/1991					3C
	PRIMARY	100.00		10/30/1991					3D
	PRIMARY	330.00	240.00	03/02/1992					3E, 3F
	PRIMARY						(240.00)	07/27/1992	
	PRIMARY	100.00	100.00	08/04/1992 *					3G
	PRIMARY	230.00	230.00	01/22/1993 *					3H
	PRIMARY	430.00	430.00	02/26/1993 *					3I
	GENERAL				(100.00)			08/14/1992	3G
	GENERAL	240.00		08/20/1992					3G
	GENERAL				(230.00)			02/08/1993	3H
	GENERAL				(430.00)			03/04/1993	3I
BOYD, W W	PRIMARY	50.00		UNITEMIZED					4A
	PRIMARY	400.00		05/31/1990					4B
	PRIMARY	800.00	250.00	03/11/1991					4B
	PRIMARY						(250.00)	07/22/1991	4B
	GENERAL	400.00		08/12/1991					4C
	GENERAL	50.00		11/19/1991					4C
	GENERAL	100.00		11/19/1991					4C
	GENERAL	250.00		03/05/1992					4D

^{1/} The unitemized amount for nineteen (19) individual contributions is based on the amount refunded or redesignated. For two (2) individual contributions the unitemized amount is based on the aggregate-year-to-date total.

09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
BRIM, ROD M	PRIMARY	330.00		09/05/1989					5A
	PRIMARY	330.00		01/31/1991					5B
	PRIMARY	330.00		07/25/1991					5C
	PRIMARY	330.00	320.00	03/18/1992					5D
	PRIMARY						(320.00)	07/27/1992	5E, 5F
	PRIMARY	330.00	330.00	01/25/1993 *					5G
	GENERAL				(330.00)			02/07/1993	5G
GENERAL	670.00		04/30/1993					5G	
BROOKE, DAVID L	PRIMARY	1000.00		12/14/1989					6A
	PRIMARY	1000.00	1000.00	01/31/1992					6B
	PRIMARY						(1000.00)	07/27/1992	6D, 6E
	GENERAL	1000.00		02/14/1991					6C
BRUECK, ROBERT J	PRIMARY	1000.00		10/03/1989					7A
	PRIMARY	1000.00	1000.00	02/04/1992 *					7B
	GENERAL	250.00		01/16/1992					7B
	GENERAL		250.00		(1000.00)			02/11/1992	7B
	GENERAL	150.00	150.00	02/24/1992					7B
	GENERAL						(400.00)	07/27/1992	7C, 7D
BURNETT, J ALBERT	PRIMARY	330.00		08/22/1989					8A
	PRIMARY	330.00		11/30/1990					8B
	PRIMARY	333.00		07/18/1991					8C
	PRIMARY	250.00	243.00	01/23/1992					8D
	PRIMARY	180.00	180.00	06/12/1992 *					8D
	PRIMARY						(423.00)	07/27/1992	8E, 8F
CHISHOLM, JR, LESLIE L	PRIMARY	330.00		09/28/1989					9A
	PRIMARY	330.00		04/10/1990					9B
	PRIMARY	330.00		01/30/1991					9C
	PRIMARY	500.00	490.00	02/04/1992					9D
	PRIMARY						(490.00)	07/27/1992	9E, 9F
	GENERAL	500.00		03/07/1993					9G
	GENERAL	500.00		05/17/1993					9H

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09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
COPELAND, W B	PRIMARY	400.00		01/25/1990					10A
	PRIMARY	400.00		11/20/1990					10B
	PRIMARY	400.00	200.00	08/10/1992					10C
	PRIMARY						(200.00)	01/22/1993	10D, 10E
CRIST, JR, CHARLES J	PRIMARY	400.00		11/08/1989					11A
	PRIMARY	330.00		04/18/1990					11B
	PRIMARY	330.00	60.00	01/25/1991					11C
	PRIMARY						(60.00)	07/22/1991	11C
	PRIMARY	250.00	250.00	06/07/1993 *					11E
	GENERAL	330.00		01/13/1992					11D
	GENERAL				(250.00)			06/16/1993	11E
ROSELL, VERNON E	PRIMARY	25.00		UNITEMIZED					
	PRIMARY	400.00		02/12/1990					12A
	PRIMARY	400.00		02/14/1991					12B
	PRIMARY	50.00		12/30/1991					12C
	PRIMARY	250.00	125.00	02/19/1992					12D
	PRIMARY	150.00	150.00	03/03/1992					12E
	PRIMARY	50.00	50.00	07/27/1992					12G
	PRIMARY						(275.00)	07/27/1992	12F, 12I
	PRIMARY						(50.00)	01/22/1993	12H, 12J
	GENERAL	275.00		08/25/1992					12G
EDWARDS, GEORGE T	PRIMARY	50.00		02/21/1989					13A
	PRIMARY	400.00		04/16/1990					13B
	PRIMARY	400.00		01/02/1991					13C
	PRIMARY	400.00	250.00	03/03/1992					13D
	PRIMARY						(250.00)	07/27/1992	13E, 13F
	PRIMARY	400.00	400.00	02/26/1993 *					13H
	GENERAL	250.00		08/19/1992					13G
	GENERAL				(400.00)			03/14/1993	13H, 13I

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

09/01/1993

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
EDWARDS, WILLIAM P	PRIMARY	250.00		07/05/1990					14A
	PRIMARY	400.00		10/30/1990					14A
	PRIMARY	400.00	50.00	02/08/1991					14B
	PRIMARY						(50.00)	07/22/1991	14B
	PRIMARY	400.00	400.00	02/08/1993 *					14D
	PRIMARY	200.00	200.00	03/01/1993 *					14E
	GENERAL	400.00		03/19/1992					14C
	GENERAL				(400.00)			03/17/1993	14E
	GENERAL				(200.00)			04/15/1993	14E
EHLERS, HERBERT E	PRIMARY	400.00		07/27/1990					15A
	PRIMARY	50.00		10/22/1990					15A
	PRIMARY	400.00		01/30/1991					15B
	PRIMARY	100.00		02/13/1991					15B
	PRIMARY	500.00	450.00	01/31/1992					15C
	PRIMARY						(450.00)	07/27/1992	15D
	PRIMARY	400.00	400.00	01/28/1993 *					15G
	PRIMARY	100.00	100.00	02/24/1993 *					15H
	GENERAL	500.00		08/25/1992					15F
	GENERAL				(400.00)			02/08/1993	15G
	GENERAL				(100.00)			03/07/1993	15H
FAIRBANKS, RICHARD M	PRIMARY	100.00		UNITEMIZED					
	PRIMARY	500.00		02/14/1991					16A
	PRIMARY	50.00		10/04/1991					16B
	PRIMARY	500.00	150.00	04/10/1992					16C
	PRIMARY						(150.00)	07/27/1992	16D, 16E
	GENERAL	150.00		09/08/1992					16F
	GENERAL	100.00		12/09/1992					16G
FIGG, JR, EUGENE C	PRIMARY	500.00		12/06/1990					17A
	PRIMARY	100.00		11/01/1991					17B
	PRIMARY	250.00		11/08/1991					17B
	PRIMARY	400.00	250.00	03/02/1992					17C
	PRIMARY						(250.00)	07/27/1992	17D, 17E
	PRIMARY	500.00	500.00	12/14/1992 *					17F
	PRIMARY	500.00	500.00	01/27/1993 *					17H
	GENERAL				(500.00)			12/28/1992	17G
	GENERAL				(500.00)			02/06/1993	17H

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09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
FULLER, JEFFREY E	PRIMARY	250.00		02/21/1989					18A
	PRIMARY	330.00		04/18/1989					18A
	PRIMARY	330.00		05/04/1990					18B
	PRIMARY	330.00	240.00	02/21/1991					18C
	PRIMARY						(240.00)	07/22/1991	18C
	GENERAL	240.00		08/05/1991					18D
	GENERAL	500.00		10/22/1991					18D
GENTRY, J BAXTER	PRIMARY	250.00		02/24/1989					19A
	PRIMARY	250.00		02/12/1991					19B
	PRIMARY	250.00		10/04/1991					19C
	PRIMARY	100.00		11/12/1991					19C
	PRIMARY	250.00	100.00	04/09/1992					19D
	PRIMARY						(100.00)	07/27/1992	19E, 19F
GRIFFIN, III, BEN HILL	PRIMARY	300.00		07/07/1989					20A
	PRIMARY	330.00		09/05/1989					20B
	PRIMARY	330.00		04/09/1990					20C
	PRIMARY	330.00	290.00	01/30/1991					20D
	PRIMARY						(290.00)	07/22/1991	20D
	GENERAL	330.00		03/19/1992					20E
	GENERAL	670.00		05/03/1993					20F
GRIFFIN, WILLIAM D	PRIMARY	330.00		08/25/1989					21A
	PRIMARY	330.00		04/23/1990					21B
	PRIMARY	330.00		02/21/1991					21C
	PRIMARY	330.00	320.00	03/03/1992					21D
	PRIMARY						(320.00)	07/27/1992	21E, 21F
	PRIMARY	400.00	400.00	02/01/1993 *					21H
	GENERAL	320.00		09/15/1992					21G
	GENERAL				(400.00)			03/08/1993	21H
HALL, JR, Y E	PRIMARY	400.00		02/01/1990					22A
	PRIMARY	400.00		12/03/1990					22B
	PRIMARY	1000.00	800.00	10/18/1991					22C
	PRIMARY						(800.00)	01/28/1992	22D

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9/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
HARRIS, HARRIETT G	PRIMARY	330.00		09/11/1989					23A
	PRIMARY	330.00		04/02/1990					23B
	PRIMARY	330.00		04/02/1990					23B
	PRIMARY	330.00	320.00	02/11/1991					23C
	PRIMARY						(320.00)	07/22/1991	23C
	PRIMARY	330.00	330.00	01/25/1993 *					23F
	GENERAL	320.00		09/12/1991					23D
	GENERAL	330.00		04/01/1992					23E
	GENERAL				(330.00)			02/20/1993	23G
	GENERAL	20.00		05/13/1993					23G
HARRIS, WILLIAM P	PRIMARY	1000.00		10/27/1989					24A
	PRIMARY	150.00	150.00	01/17/1992					24C
	PRIMARY	500.00	500.00	02/28/1992					24C
	PRIMARY						(650.00)	07/27/1992	24D, 24E
	GENERAL	1000.00		05/20/1991					24B
HARRISON, JR, C CRESHU	PRIMARY	50.00		UNITEMIZED					25A
	PRIMARY	330.00		09/11/1989					25A
	PRIMARY	330.00		04/16/1990					25B
	PRIMARY	330.00	40.00	03/08/1991					25C
	PRIMARY						(40.00)	07/22/1991	25C
	PRIMARY	330.00	330.00	02/11/1993 *					25F
	GENERAL	40.00		08/08/1991					25D
	GENERAL	300.00		02/11/1992					25E
	GENERAL				(330.00)			03/24/1993	25F
	GENERAL	330.00		04/30/1993					25F
HART, ROBERT H W	PRIMARY	330.00		09/05/1989					26A
	PRIMARY	330.00		08/21/1990					26B
	PRIMARY	330.00		02/15/1991					26C
	PRIMARY	330.00	320.00	03/18/1992					26D
	PRIMARY						(320.00)	07/27/1992	26E, 26F
	PRIMARY	330.00	330.00	05/17/1993 *					26G
	GENERAL				(330.00)			06/17/1993	26G, 26H

94030974946

09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
HENDRY, H M	PRIMARY	250.00		04/13/1989					27A
	PRIMARY	330.00		09/05/1989					27B
	PRIMARY	330.00		04/19/1990					27C
	PRIMARY	330.00	240.00	01/28/1991					27D
	PRIMARY						(240.00)	07/22/1991	27D
	PRIMARY	330.00	330.00	01/22/1993 *					27F
	GENERAL	240.00		08/06/1991					27E
	GENERAL	250.00		10/25/1991					27E
	GENERAL				(330.00)			02/10/1993	27F
	GENERAL	100.00		04/30/1993					27F
HOUSON, ROBERT G	PRIMARY	300.00		UNITEMIZED					28A
	PRIMARY	250.00		02/08/1992					28A
	PRIMARY	500.00	50.00	04/07/1992					28A
	PRIMARY						(50.00)	07/27/1992	28C, 28D
	PRIMARY	500.00	500.00	01/15/1993 *					28E
	PRIMARY	250.00	250.00	02/22/1993 *					28E
	GENERAL	100.00		10/26/1992					28B
	GENERAL				(500.00)			02/08/1993	28E
	GENERAL				(250.00)			03/10/1993	28E, 28F
	GENERAL	150.00		04/30/1993					28F
HOUGH, HAZEL C	PRIMARY	330.00		07/06/1989					29A
	PRIMARY	330.00		05/04/1990					29B
	PRIMARY	330.00		02/04/1991					29C
	PRIMARY	330.00	320.00	02/26/1992					29D
	PRIMARY						(320.00)	07/27/1992	29E, 29F
	PRIMARY	330.00	330.00	02/04/1993 *					29G
	GENERAL				(330.00)			03/12/1993	29G
	GENERAL	670.00		05/10/1993					29H

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09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
HOUGH, WILLIAM R	PRIMARY	330.00		06/28/1989					30A
	PRIMARY	330.00		05/04/1990					30B
	PRIMARY	330.00		02/05/1991					30C
	PRIMARY	333.00	323.00	01/28/1992					30D
	PRIMARY						(323.00)	07/27/1992	30E, 30F
	PRIMARY	333.00	333.00	03/30/1993 *					30G
	PRIMARY	667.00	667.00	05/10/1993 *					30G
	GENERAL				(333.00)			04/08/1993	30G
	GENERAL				(667.00)			06/10/1993	30G
HUMPHRIES, J BOB	PRIMARY	975.00		01/19/1989					31A
	PRIMARY	25.00		08/21/1989					31B
	PRIMARY						(295.00)	07/27/1992	31F, 31G
	GENERAL	305.00		08/21/1989					31B
	GENERAL	330.00		08/07/1990					31C
	GENERAL	330.00		01/28/1991					31D
	GENERAL	330.00	295.00	03/11/1992					31E
HUNT, WILLIAM A	PRIMARY	400.00		01/24/1990					32A
	PRIMARY	400.00		01/11/1991					32B
	PRIMARY	100.00		01/09/1992					32C
	PRIMARY	300.00	200.00	03/10/1992					32C
	PRIMARY						(200.00)	07/27/1992	32D, 32E
	PRIMARY	400.00	400.00	02/01/1993 *					32F
	GENERAL	400.00		04/14/1993			(400.00)	04/08/1993	32G
HURD, MARTHA W	PRIMARY	300.00		03/17/1989					33A
	PRIMARY	100.00		UNITEMIZED					32B
	PRIMARY	500.00		02/19/1992					32B
	PRIMARY	500.00	400.00	04/20/1992					32B
	PRIMARY						(400.00)	07/27/1992	33C, 33D
HVIDE, J ERIK	PRIMARY	500.00		05/09/1989					34A
	PRIMARY	200.00		08/14/1989					34B
	PRIMARY	200.00		05/02/1991					34C
	PRIMARY	250.00	150.00	10/01/1992					34C
	PRIMARY						(150.00)	01/22/1993	34E, 34F
	GENERAL	300.00		05/02/1991					34C
	GENERAL	150.00		02/18/1993					34G
	GENERAL	550.00		05/24/1993					34G

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
JAEB, LORENA	PRIMARY	400.00		02/09/1990					35A
	PRIMARY	400.00		01/30/1991					35B
	PRIMARY	200.00		11/29/1991					35C
	GENERAL	800.00		11/29/1991					35C
	GENERAL	1000.00	800.00	02/28/1992					35D
	GENERAL						(800.00)	07/27/1992	35E, 35F
JENSEN, LUCY B	PRIMARY	400.00		02/21/1990					36A
	PRIMARY	400.00		02/15/1991					36B
	PRIMARY	400.00	200.00	08/21/1992					36C
	PRIMARY						(200.00)	01/22/1993	36D, 36E
	PRIMARY	1000.00	1000.00	05/11/1993 *					36F
	GENERAL				(1000.00)			06/24/1993	36F
JONES, IRENE COLE	PRIMARY	100.00		UNITEMIZED					
	PRIMARY	250.00		02/20/1991					37A
	PRIMARY	650.00		09/24/1991					37B
	PRIMARY	1000.00	1000.00	02/03/1992 *					37C
	GENERAL	350.00		09/24/1991					37B
	GENERAL		350.00		(1000.00)			02/12/1992	37C, 37D
	GENERAL						(350.00)	07/27/1992	37E, 37F
KELLY, JR, T PAINE	PRIMARY	100.00		UNITEMIZED					38A
	PRIMARY	50.00		07/20/1989					38A
	PRIMARY	330.00		08/21/1989					38A
	PRIMARY	330.00		03/30/1990					38B
	PRIMARY	330.00	140.00	01/31/1991					38C
	PRIMARY						(140.00)	07/22/1991	38C
	PRIMARY	230.00	230.00	06/04/1992 *					38E
	PRIMARY	330.00	330.00	01/20/1993 *					38F
	PRIMARY	200.00	200.00	02/24/1993 *					38F
	GENERAL	140.00		07/31/1991					38D
	GENERAL	100.00		03/04/1992					38E
	GENERAL				(230.00)			06/30/1992	38E
	GENERAL				(330.00)			02/05/1993	38F
	GENERAL				(200.00)			03/05/1993	38G

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE HACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
KIECKHEFER, WILLIAM J	PRIMARY	100.00		UNITEMIZED					39C
	PRIMARY	500.00		06/13/1989					39A
	PRIMARY	250.00		01/16/1992					39B
	PRIMARY	500.00	350.00	01/30/1992					39B
	PRIMARY						(350.00)	07/27/1992	39C, 39D
	PRIMARY	500.00	500.00	02/24/1993 *					39F
	PRIMARY	150.00	150.00	05/05/1993 *					39F
	GENERAL	350.00		08/17/1992					39E
	GENERAL				(500.00)			03/08/1993	39F
	GENERAL				(150.00)			06/04/1993	39G
KIRBY, STEPHEN R	PRIMARY	250.00		04/05/1989					40A
	PRIMARY	330.00		06/06/1989					40A
	PRIMARY	330.00		05/30/1990					40B
	PRIMARY	50.00		11/14/1990					40C
	PRIMARY	330.00	290.00	01/30/1991					40D
	PRIMARY						(290.00)	07/22/1991	40D
	PRIMARY	250.00	250.00	07/23/1992 *					40E
	GENERAL	290.00		08/01/1991					40F
	GENERAL	250.00		02/11/1992					40G
	GENERAL	80.00		03/04/1992					40G
	GENERAL				(250.00)			07/30/1992	40E
	GENERAL						(70.00)	03/25/1993	40H, 40I
	GENERAL						(130.00)	04/23/1993	40H, 40I
KLEIN, CAROLINE L	PRIMARY	150.00		UNITEMIZED					41C, 41D
	PRIMARY	400.00		09/05/1991					41A
	PRIMARY	500.00	50.00	02/05/1992					41B
	PRIMARY						(50.00)	07/27/1992	41C, 41D
	GENERAL	50.00		08/25/1992					41E
	GENERAL	100.00		10/19/1992					41E
KUGELMAN, D JACK	PRIMARY	400.00		01/25/1990					42A
	PRIMARY	400.00		01/07/1991					42B
	PRIMARY	500.00	300.00	02/13/1992					42C
	PRIMARY						(300.00)	07/27/1992	42D, 42E
	PRIMARY	200.00	200.00	03/03/1993 *					42F
	PRIMARY	200.00	200.00	06/09/1993 *					42F
	GENERAL				(200.00)			04/10/1993	42F
	GENERAL				(200.00)			06/14/1993	42G

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
LANGFORD, ROBERT E	PRIMARY	330.00		08/22/1989					43A
	PRIMARY	330.00		11/20/1990					43B
	PRIMARY	330.00		07/18/1991					43C
	PRIMARY	150.00	140.00	01/16/1992					43D
	PRIMARY	180.00	180.00	02/28/1992					43D
	PRIMARY						(320.00)	07/27/1992	43E, 43F
	PRIMARY	330.00	330.00	01/21/1993 *					43H
	GENERAL	320.00		08/19/1992					43G
	GENERAL				(330.00)			02/05/1993	43I
	GENERAL	350.00		05/05/1993					43I
LASER, CHARLES	PRIMARY	400.00		02/27/1990					44A
	PRIMARY	400.00		01/28/1991					44B
	PRIMARY	400.00	200.00	03/26/1992					44C
	PRIMARY						(200.00)	07/27/1992	44D, 44E
	PRIMARY	600.00	600.00	02/12/1993 *					44G
	GENERAL	200.00		08/19/1992					44G
	GENERAL				(600.00)			03/06/1993	44G
	GENERAL	200.00		05/05/1993					44G
LEEDY, JR, LOOMIS C	PRIMARY	100.00		UNITEMIZED					45C, 45D
	PRIMARY	500.00		12/18/1990					45A
	PRIMARY	500.00	100.00	02/28/1992					45B
	PRIMARY						(100.00)	07/27/1992	45C, 45D
	PRIMARY	500.00	500.00	02/08/1993 *					45E
	GENERAL				(500.00)			03/09/1993	45E
LEWIS, CARL W	PRIMARY	500.00		09/06/1990					46A
	PRIMARY	400.00		08/06/1991					46B
	PRIMARY	400.00	300.00	07/09/1992					46C
	PRIMARY						(300.00)	01/22/1993	46D, 46E
	PRIMARY	1000.00	1000.00	05/17/1993 *					46F
	PRIMARY	50.00	50.00	05/13/1993 *					46F
	GENERAL				(150.00)			06/12/1993	46F
LESLIE, RALPH C	PRIMARY	150.00		UNITEMIZED					47D, 47E
	PRIMARY	100.00		02/11/1991					47A
	PRIMARY	400.00		04/08/1991					47A
	PRIMARY	100.00		11/01/1991					47B
	PRIMARY	500.00	250.00	02/04/1992					47C
	PRIMARY						(250.00)	07/27/1992	47D, 47E
	PRIMARY	400.00	400.00	02/01/1993 *					47F
	GENERAL				(400.00)			03/10/1993	47F
	GENERAL	600.00		05/05/1993					47G

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
LIEBESKIND, ROBERT S	PRIMARY	400.00		03/09/1990					48A
	PRIMARY	500.00		04/15/1991					48B
	PRIMARY	400.00	300.00	04/20/1992					48C
	PRIMARY						(300.00)	07/27/1992	48D, 48E
LOEBENBERG, WALTER	PRIMARY	330.00		04/19/1989					49A
	PRIMARY	330.00		04/03/1990					49B
	PRIMARY	330.00		01/30/1991					49C
	PRIMARY	250.00	240.00	10/11/1991					49D
	PRIMARY						(240.00)	01/28/1992	49E
	PRIMARY						(340.00)	01/22/1993	49F, 49G
	PRIMARY	500.00	500.00	02/24/1993 *					49H
	GENERAL				(500.00)			03/08/1993	49I
MACOM, WILSON C	PRIMARY	250.00		06/18/1990					50A
	PRIMARY	1000.00	250.00	03/09/1992					50B
	PRIMARY						(250.00)	07/27/1992	50C, 50D
MACBRIDE, ROGER	PRIMARY	1000.00		06/15/1990					51A
	PRIMARY	150.00	150.00	01/17/1992					51B
	PRIMARY	150.00	150.00	02/21/1992					51B
	PRIMARY						(300.00)	07/27/1992	51C, 51D
	GENERAL	1000.00		03/01/1991					51E
MAJOR, JAMES F	PRIMARY	200.00		UNITEMIZED					52C
	PRIMARY	330.00		08/28/1989					52A
	PRIMARY	330.00		04/27/1990					52B
	PRIMARY	330.00	190.00	02/11/1991					52C
	PRIMARY						(190.00)	07/22/1991	52C
	PRIMARY	330.00	330.00	02/03/1993 *					52E
	GENERAL	500.00		10/18/1991					52D
	GENERAL				(330.00)			03/06/1993	52E
	GENERAL	170.00		04/30/1993					52E

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
McDEVITT, SHEILA M	PRIMARY	330.00		09/08/1989					53A
	PRIMARY	330.00		04/10/1990					53B
	PRIMARY	330.00		01/30/1991					53C
	PRIMARY	330.00	320.00	03/17/1992					53D
	PRIMARY						(320.00)	07/27/1992	53E, 53F
	PRIMARY	330.00	330.00	01/26/1993 *					53G
	PRIMARY	170.00	170.00	05/18/1993 *					53G
	GENERAL				(330.00)			02/05/1993	53G
	GENERAL	500.00		03/03/1993					53G
	GENERAL				(170.00)			06/07/1993	53H
McDUFFIE, DAVID L	PRIMARY	500.00		04/26/1989					54A
	PRIMARY	330.00		09/08/1989					54B
	PRIMARY	500.00	330.00	01/04/1991					54C
	PRIMARY						(330.00)	07/22/1991	54C
	PRIMARY	850.00	850.00	10/28/1992 *					54D
	GENERAL				(850.00)			11/08/1992	54E
McNEEL, VAN L	PRIMARY	330.00		08/30/1989					55A
	PRIMARY	400.00		03/14/1990					55B
	PRIMARY	400.00	130.00	04/08/1991					55C
	PRIMARY						(130.00)	07/22/1991	55C
	PRIMARY	600.00	600.00	03/10/1993 *					55E
	GENERAL	400.00		04/16/1992					55D
	GENERAL				(600.00)			04/23/1993	55E
MILLER, J McCARATHY	PRIMARY	400.00		01/22/1990					56A
	PRIMARY	400.00		02/14/1991					56B
	PRIMARY	500.00	300.00	03/03/1992					56C
	PRIMARY						(300.00)	07/27/1992	56D, 56E
	PRIMARY	400.00	400.00	04/05/1993 *					56F
	GENERAL				(400.00)			05/10/1993	56G
MUELLER, JOHN SCOT	PRIMARY	1000.00		12/20/1989					57A
	PRIMARY	250.00	250.00	01/17/1992					57B
	PRIMARY						(250.00)	07/27/1992	57C, 57D
	GENERAL	1000.00		03/12/1991					57E

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
MUELLER, NANCY S	PRIMARY	350.00		UNITEMIZED					58C, 58D
	PRIMARY	250.00		02/14/1990					58A
	PRIMARY	500.00	100.00	03/05/1992					58B
	PRIMARY						(100.00)	07/27/1992	58C, 58D
	GENERAL	25.00		11/03/1992					58E
OSBORNE, L ALLEN	PRIMARY	50.00		UNITEMIZED					59A
	PRIMARY	200.00		06/26/1990					59A
	PRIMARY	100.00		10/03/1990					59B
	PRIMARY	50.00		10/19/1990					59B
	PRIMARY	200.00		UNITEMIZED					59C, 59D
	PRIMARY	100.00		09/24/1991					59C
	PRIMARY	100.00		11/01/1991					59D
	PRIMARY	100.00		12/03/1991					59D
	PRIMARY	150.00	50.00	02/20/1992					59E
	PRIMARY	250.00	250.00	06/01/1992 *					59E
	PRIMARY						(300.00)	07/27/1992	59F, 59G
	PRIMARY	250.00	250.00	02/26/1993 *					59H
	GENERAL				(250.00)			03/06/1993	59H
PACE, WILLIAM G	PRIMARY	1000.00		09/18/1991					60A
	PRIMARY	250.00	250.00	01/21/1992					60B
	PRIMARY						(250.00)	07/27/1992	60C, 60D
	GENERAL	1000.00		09/18/1991					60A
PENDERGRASS, DONALD S	PRIMARY	400.00		02/01/1990					61A
	PRIMARY	400.00		01/14/1991					61B
	PRIMARY	300.00	100.00	01/27/1992					61C
	PRIMARY	100.00	100.00	05/01/1992 *					61C
	PRIMARY						(200.00)	07/27/1992	61D, 61E
	PRIMARY	100.00		UNITEMIZED					62D, 62E
PETRINA, MICHAEL J	PRIMARY	100.00		UNITEMIZED					62D, 62E
	PRIMARY	100.00		02/15/1991					62A
	PRIMARY	500.00		04/22/1991					62A
	PRIMARY	50.00		11/20/1991					62B
	PRIMARY	200.00		02/20/1992					62C
	PRIMARY	500.00	450.00	03/19/1992					62C
	PRIMARY						(450.00)	07/27/1992	62D, 62E
	PRIMARY	50.00	50.00	01/21/1993 *					62F
	PRIMARY	500.00	500.00	01/25/1993 *					62F
	GENERAL				(550.00)			02/06/1993	62G

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
PFORSEHIMER, JR, CARL	PRIMARY	250.00		02/23/1989					63A
	PRIMARY	400.00		07/20/1990					63B
	PRIMARY	250.00		03/05/1991					63C
	PRIMARY	250.00	150.00	03/23/1992					63D
	PRIMARY						(150.00)	07/27/1992	63E, 63F
	GENERAL	150.00		08/26/1992					63G
	GENERAL	250.00		05/03/1993					63H
PIERCE, L A	PRIMARY	335.00		UNITEMIZED					64C, 64D
	PRIMARY	250.00		11/04/1991					64A
	PRIMARY	500.00	85.00	02/11/1992					64B
	PRIMARY						(85.00)	07/27/1992	64C, 64D
	GENERAL	85.00		08/17/1992					64E
PORTER, JOHN A	PRIMARY	200.00		UNITEMIZED					64D
	PRIMARY	1000.00	200.00	10/23/1989 *					65A
	PRIMARY						(200.00)	02/25/1993	65D
	GENERAL	1500.00	500.00	02/15/1991					65B
	GENERAL						(500.00)	07/22/1991	65C
PRESTON, JR, E R	PRIMARY	1000.00		11/03/1989					66A
	PRIMARY	1000.00	1000.00	04/01/1992 * 2/					66B
	PRIMARY						(250.00)	07/27/1992	66C, 66D
	GENERAL	250.00		01/27/1992					66E
	GENERAL				(750.00)			05/21/1992	66B
RADOSH, DOUGLAS K	PRIMARY	100.00		UNITEMIZED					67C, 67D
	PRIMARY	500.00		05/23/1991					67A
	PRIMARY	500.00	100.00	02/25/1992					67B
	PRIMARY						(100.00)	07/27/1992	67C, 67D
KEEVES, ALLEN H	PRIMARY	150.00		UNITEMIZED					68D, 68E
	PRIMARY	250.00		04/23/1991					68A
	PRIMARY	100.00		05/23/1991					68A
	PRIMARY	250.00		10/11/1991					68B
	PRIMARY	100.00		11/19/1991					68B
	PRIMARY	250.00	100.00	07/28/1992					68C
	PRIMARY	250.00	250.00	01/20/1993 *					68F
	PRIMARY						(100.00)	01/22/1993	68D, 68E
	GENERAL				(250.00)			03/05/1993	68F
	GENERAL	100.00		03/18/1993					68G
	GENERAL	250.00		05/12/1993					68G

2/ \$250.00 was included in referable amount.

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT	
ROWE, MORRIS A	PRIMARY	50.00		04/21/1989					69A	
	PRIMARY	400.00		11/28/1989					69B	
	PRIMARY	400.00		08/06/1990					69C	
	PRIMARY	50.00		11/05/1990					69C	
	PRIMARY	100.00		12/03/1990					69C	
	PRIMARY	100.00	100.00	07/23/1992 *					69D	
	PRIMARY						(100.00)	08/10/1992	69E	
	GENERAL	300.00		12/03/1990					69C	
	GENERAL	500.00		01/31/1992					69F	
	GENERAL	400.00	200.00	03/04/1992					69F	
	GENERAL						(200.00)	07/27/1992	69E, 69G	
	RUSH, DAVID H	PRIMARY	400.00		03/05/1990					70A
PRIMARY		400.00		11/28/1990					70B	
PRIMARY		250.00	50.00	02/27/1992					70C	
PRIMARY		400.00	400.00	03/18/1992					70C	
PRIMARY							(450.00)	07/27/1992	70D, 70E	
PRIMARY		400.00	400.00	01/25/1993 *					70G	
GENERAL		100.00		08/12/1992					70F	
GENERAL		450.00		08/19/1992					70F	
GENERAL					(400.00)			02/09/1993	70G	
GENERAL		50.00		04/30/1993					70G	
RUSSAKIS, JIM		PRIMARY	250.00		02/21/1989					71A
		PRIMARY	400.00		05/31/1990					71B
	PRIMARY	400.00	50.00	02/01/1991					71C	
	PRIMARY						(50.00)	07/22/1991	71C	
	PRIMARY	400.00	400.00	03/06/1992					71D	
	PRIMARY						(400.00)	07/27/1992	71E, 71F	
	PRIMARY	400.00	400.00	02/01/1993 *					71G	
	GENERAL				(400.00)			03/10/1993	71G	
SAYLER, HENRY	PRIMARY	330.00		06/13/1989					72A	
	PRIMARY	330.00		04/30/1990					72B	
	PRIMARY	330.00		02/15/1991					72C	
	PRIMARY	330.00	320.00	03/17/1992					72D	
	PRIMARY						(320.00)	07/27/1992	72E, 72F	
	PRIMARY	330.00	330.00	03/22/1993 *					72G	
	GENERAL				(330.00)			04/12/1993	72H	

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CORNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
SCHENCK, JAY	PRIMARY	400.00		12/05/1989					73A
	PRIMARY	70.00		11/30/1990					73B
	PRIMARY	330.00		11/30/1990					73C
	PRIMARY	250.00	50.00	01/27/1992					73C
	PRIMARY						(50.00)	07/27/1992	73D, 73E
	PRIMARY	500.00	500.00	04/07/1993 *					73F
	GENERAL				(500.00)			05/10/1993	73F
SCOTT, JACK L	PRIMARY	250.00		04/27/1989					74A
	PRIMARY	1000.00	250.00	10/29/1991					74B
	PRIMARY						(250.00)	01/28/1992	74C
	GENERAL	750.00		05/06/1993					74D
SCOTT, STEVEN L	PRIMARY	400.00		02/23/1990					75A
	PRIMARY	400.00		08/09/1991					75B
	PRIMARY	400.00	200.00	07/22/1992					75C
	PRIMARY						(200.00)	01/22/1993	75D, 75E
SIDELL, PETER M	PRIMARY	50.00		UNITEMIZED					76D, 76E
	PRIMARY	250.00		02/28/1991					76A
	PRIMARY	375.00		04/29/1991					76A
	PRIMARY	100.00		11/01/1991					76B
	PRIMARY	500.00	275.00	07/14/1992					76C
	PRIMARY	250.00	250.00	10/22/1992					76C
	PRIMARY						(525.00)	01/22/1993	76D, 76E
	PRIMARY	500.00	500.00	02/02/1993 *					76F
	PRIMARY					(25.00)		03/07/1993	76F
	GENERAL	525.00		02/18/1993					76F
GENERAL				(475.00)			03/07/1993	76F	
STAVROS, GUS A	PRIMARY	250.00		09/27/1991					77A
	PRIMARY	500.00		10/31/1991					77A
	PRIMARY	500.00	250.00	10/01/1992					77B
	PRIMARY						(250.00)	01/22/1993	77C, 77D
	PRIMARY	750.00	750.00	02/24/1993 *					77E
	GENERAL	250.00		02/09/1993					77E
	GENERAL				(750.00)			03/09/1993	77E, 77F

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APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
STEINBRENNER, III, GEO	PRIMARY	900.00		11/04/1991					78A
	PRIMARY	900.00	800.00	09/22/1992					78B
	PRIMARY						(800.00)	01/22/1993	78C, 78D
SULLIVAN, IRENE H	PRIMARY	400.00		05/11/1990					79A
	PRIMARY	400.00		02/05/1991					79B
	PRIMARY	50.00		11/14/1991					79C
	PRIMARY	100.00		12/05/1991					79D
	PRIMARY	300.00	250.00	03/12/1992					79E
	PRIMARY						(250.00)	07/27/1992	79F, 79G
	GENERAL	250.00		02/16/1993					79H
	GENERAL	400.00		05/10/1993					79H
SULLIVAN, PAUL	PRIMARY	400.00		08/30/1989					80A
	PRIMARY	400.00		05/29/1990					80B
	PRIMARY	200.00		01/28/1991					80C
	PRIMARY	500.00	500.00	06/07/1993 *					80D
	GENERAL	1000.00		01/28/1991					80C
	GENERAL	200.00	200.00	02/11/1991					80C
	GENERAL						(200.00)	07/22/1991	80C
	GENERAL		500.00 ^{3/}		(500.00)			06/16/1993	80E
SUTPHIN, A CARLTON	PRIMARY	125.00		UNITEMIZED					81B, 81C
	PRIMARY	1000.00	125.00	02/05/1992					81A
	PRIMARY						(125.00)	07/27/1992	81B, 81C
	GENERAL	25.00		11/24/1992					81D
SWANSON, JR, W CLARKE	PRIMARY	1000.00		10/11/1989					82A
	GENERAL	1500.00	500.00	04/10/1991					82B
	GENERAL						(500.00)	07/22/1991	82B
THAYER, A BRONSON	PRIMARY	330.00		11/06/1989					83A
	PRIMARY	350.00		07/24/1990					83B
	PRIMARY	350.00	30.00	03/11/1991					83C
	PRIMARY						(30.00)	07/22/1991	83C
	PRIMARY	330.00	330.00	04/20/1993 *					83E
	GENERAL	500.00		03/18/1992					83D
	GENERAL				(330.00)			05/07/1993	83F

^{3/} Excessive due to redesignation from Primary.

09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
TOUCHTON, J THOMAS	PRIMARY	330.00		08/21/1989					84A
	PRIMARY	330.00		03/30/1990					84B
	PRIMARY	330.00		02/01/1991					84C
	PRIMARY	330.00	320.00	02/28/1992					84D
	PRIMARY				(320.00)			07/27/1992	84E, 84F
	PRIMARY	330.00	330.00	01/22/1993 *					84H
	PRIMARY	350.00	350.00	03/01/1993 *					84H
	GENERAL	320.00		08/25/1992					84G
	GENERAL				(330.00)			02/05/1993	84H
	GENERAL				(350.00)			04/12/1993	84H
TREISMAN, JANET	PRIMARY	25.00		UNITENIZED					85C, 85D
	PRIMARY	500.00		04/04/1991					85A
	PRIMARY	500.00	25.00	03/03/1992					85B
	PRIMARY						(25.00)	07/27/1992	85C, 85D
VANDUSSELDORF, LARRY L	PRIMARY	400.00		02/21/1990					86A
	PRIMARY	400.00		02/07/1991					86B
	PRIMARY	400.00	200.00	04/13/1992					86C
	PRIMARY						(200.00)	07/27/1992	86D, 86E
	PRIMARY	400.00	400.00	02/03/1993 *					86G
	GENERAL	200.00		09/03/1992					86F
	GENERAL				(400.00)			03/16/1993	86G
	GENERAL	400.00		06/03/1993					86G
WATKINS, JOHN F	PRIMARY	250.00		02/13/1989					87A
	PRIMARY	330.00		08/21/1989					87B
	PRIMARY	330.00		04/02/1990					87C
	PRIMARY	330.00	240.00	01/29/1991					87D
	PRIMARY						(240.00)	07/22/1991	87D
	PRIMARY	330.00	330.00	01/20/1993 *					87G
	PRIMARY	330.00	330.00	01/25/1993 *					87G
	PRIMARY				(560.00)			02/17/1993	87G
	PRIMARY	250.00	250.00	05/05/1993 *					87H
	PRIMARY						(250.00)	06/09/1993	87I
	GENERAL	240.00		08/07/1991					87E
	GENERAL	330.00		02/27/1992					87F
	GENERAL	330.00		05/13/1992					87F
	GENERAL				(100.00)			02/17/1993	87H

94030974959

09/01/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY THE
FRIENDS OF CONNIE MACK

NAME	ELECTION	RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT REDESIGNATED	AMOUNT REATTRIBUTED	AMOUNT REFUNDED	ACTION DATE	ATTACHMENT
WOOD, STEVEN P J	PRIMARY	100.00		UNITEMIZED					88A
	PRIMARY	750.00		02/14/1991					88A
	PRIMARY	500.00	350.00	04/08/1991					88A
	PRIMARY						(350.00)	07/22/1991	88A
	PRIMARY	1000.00	1000.00	01/25/1993 *					88D
	PRIMARY					(850.00)		02/20/1993	88D
	GENERAL	350.00		08/12/1991					88B
	GENERAL	500.00		03/03/1992					88C
	GENERAL				(150.00)			02/20/1993	88D

94030974960

07/29/1993

APPARENT EXCESSIVE CONTRIBUTIONS RECEIVED BY
FRIENDS OF CONNIE MACK

* (Apparent excessive amounts not addressed in notices to the Committee have been asterisked.)

COMMITTEE NAME	PRIMARY RECEIPTS	EXCESS AMOUNT	RECEIPT DATE	AMOUNT * REFUNDED	REFUND DATE	GENERAL RECEIPTS	RECEIPT DATE	ATTACHMENT
MICCOSUKEE TRIBE OF INDIANS (PARTNERSHIP)	750.00		02/21/1989					89A
	50.00		07/31/1989					89B
	500.00	300.00	10/24/1991					89C
	500.00	500.00	10/24/1991					89D
				(1,300.00)	06/30/1993			89E
GRAY HARRIS & ROBINSON PAC (C00224790 NON-QUALIFIED)	1000.00		11/04/1991					90A
	1000.00	1000.00	03/05/1992					90B
	1000.00	1000.00	06/02/1993 *					90C
BARNETT PEOPLE FOR BETTER GOVT (C00094656)	1000.00		03/06/1989					91A
	1000.00		11/06/1989					91B
	2000.00		10/07/1991					91C
	200.00		11/18/1991					91C
	1000.00	200.00	04/16/1992					91D
						2,000.00	02/08/1993	91G
						300.00	02/11/1993	91G
				(200.00)	05/14/1993			91F
	454.55	454.55	05/04/1993 *					91E
				(454.55)	07/23/1993			91E
DISTRICT 2 MERA-AMO FUND/MERA PAF								
RADIO-ENGINEERS OFFICERS UNION (ROU) PAC (C00027532/C00003863/C00156232)	1000.00		04/03/1989					92A
	2000.00		11/06/1989					92B
	5000.00	3000.00	10/28/1991					92C
				(2000.00)	01/28/1992			92D
	2000.00	2000.00	07/01/1992					92E
	313.01	313.01	06/01/1993					92F

SCHEDULE A

ITEMIZED RECEIPTS

Any information covered from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 ANNIE MACK

A. Full Name, Mailing Address and ZIP Code

Nat Potankin
11 Island Avenue
Miami Beach, FL 33139

Receipt For

X-Primary

General

Other (specify)

Name of Employer

n/a

Date (month, day, year)

6/21/89

Occupation

retired

Aggregate

Year to Date

\$

1,500.00

B. Full Name, Mailing Address and ZIP Code

Nat Potankin
11 Island Avenue
Miami Beach, FL 33139

Receipt For

Primary

X-General

Other (specify)

Name of Employer

n/a

Date (month, day, year)

6/21/89

Occupation

retired

Aggregate

Year to Date

\$

1,500.00

C. Full Name, Mailing Address and ZIP Code

Dr. Florence Hicks Alexander
110 Amberwood Court
Longwood, FL 32779

Receipt For

X-Primary

General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

2/10/89

Occupation

information requested

Aggregate Year to Date

\$

1,500.00

D. Full Name, Mailing Address and ZIP Code

Dr. Florence Hicks Alexander
110 Amberwood Court
Longwood, FL 32779

Receipt For

Primary

X-General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

2/10/89

Occupation

information requested

Aggregate Year to Date

\$

1,500.00

E. Full Name, Mailing Address and ZIP Code

B. W. Simpkins
110 S. Twin Lakes Road
Cocoa, FL 32926

Receipt For

Primary

X-General

Other (specify)

Name of Employer

S & S Real Estate Dev

Date (month, day, year)

6/26/89

Occupation

information requested

Aggregate Year to Date

\$

250.00

F. Full Name, Mailing Address and ZIP Code

Patrick Hunter, M.D.
11031 Clipper Court
Windermere, FL 32786

Receipt For

X-Primary

General

Other (specify)

Name of Employer

self-employed

Date (month, day, year)

2/17/89

Occupation

physician

Aggregate Year to Date

\$

500.00

G. Full Name, Mailing Address and ZIP Code

Christopher P. Bachelder
1104 Claverton Court
Winston-Salem, NC 27104

Receipt For

X-Primary

General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

1/18/89

Occupation

information requested

Aggregate Year to Date

\$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (enter on line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE
7 110
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

/ FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Marion W. Potamkin
11 Island Avenue
Miami Beach, FL 33139Receipt For ☐ Primary ☒ General
(Other (specify))

Name of Employer

information requested

Date (month,
day, year)

2/28/92

Amount of Each
Receipt This Period

2,000.00

redesignated

Occupation

information requested
Aggregate Year to Date \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Dr. Florence Hicks Alexander
110 Amberwood Court
Longwood, FL 32779
\$500 refunded 7/27/92Receipt For ☐ Primary ☒ General
(Other (specify))

Name of Employer

Ebon Research Systems

Date (month,
day, year)

2/04/92

Amount of Each
Receipt This Period

1,000.00

Occupation

president
Aggregate Year to Date \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Sonali Patel
11016 W. Dale Mabry, #203
Tampa, FL 33618Receipt For ☒ Primary ☐ General
(Other (specify))

Name of Employer

information requested

Date (month,
day, year)

6/22/92

Amount of Each
Receipt This Period

250.00

Occupation

information requested
Aggregate Year to Date \$

250.00

D. Full Name, Mailing Address and ZIP Code

J. Max Davis
11046 Oak Way Circle
Palm Beach Gardens, FL 33410Receipt For ☒ Primary ☐ General
(Other (specify))

Name of Employer

information requested

Date (month,
day, year)

4/16/92

Amount of Each
Receipt This Period

1,000.00

Occupation

information requested
Aggregate Year to Date \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

John J. Brogan
111 Clarke Avenue
Palm Beach, FL 33480Receipt For ☒ Primary ☐ General
(Other (specify))

Name of Employer

self-employed

Date (month,
day, year)

2/26/92

Amount of Each
Receipt This Period

1,000.00

Occupation

investor
Aggregate Year to Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Purnima Deshpande
112 N.W. 69th Terrace
Margate, FL 33063Receipt For ☒ Primary ☐ General
(Other (specify))

Name of Employer

information requested

Date (month,
day, year)

6/22/92

Amount of Each
Receipt This Period

250.00

Occupation

information requested
Aggregate Year to Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

James L. Hewitt
1130 Bellesaire Circle
Orlando, FL 32804Receipt For ☒ Primary ☐ General
(Other (specify))

Name of Employer

United American Bank

Date (month,
day, year)

1/21/92

Amount of Each
Receipt This Period

250.00

Occupation

chairman
Aggregate Year to Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 2 0 7

Attachment # 1C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1896
TAMPA, FLORIDA 33601-1896

July 27, 1992

8-18/92

PAY TO THE
ORDER OF

Dr. Florence Hicks Alexander

\$ 500.00

FIVE HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, N.A.
Spartanburg Office 600
201 West Main Street
Spartanburg, Florida 39082

#003416# 1063100264 400870393#

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

DELUXE - FORM BYCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$500.00

940309749264

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 38
2 9
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Dawilda M. Harris 4961 Joswood Drive Sanibel, FL 33957	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 125.00
B. Full Name, Mailing Address and ZIP Code D. Jack Rugalman P. O. Box 30130 Pensacola, FL 32503	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code E. C. Allen 621 North Calhoun Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 220.00
F. Full Name, Mailing Address and ZIP Code E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
H. Full Name, Mailing Address and ZIP Code Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code Dr. Florence Hicks Alexander 110 Asherwood Court Longwood, FL 32779	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 11
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FOR LINE 11

11a

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NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Parker Painter, Jr.
605 S.E. 48th Avenue
Ocala, FL 32671Receipt For: ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

12/23/88

Amount of Each
Receipt this Period

100.00

Occupation

retired

Aggregate Year-to-Date \$

300.00

B. Full Name, Mailing Address and ZIP Code

George M. Coombs
6091 S.W. 79th Street
South Miami, FL 33143Receipt For: ☐ Primary ☒ General
Other (specify)

Name of Employer

U.S.D.H.H.S

Date (month,
day, year)

12/29/88

Amount of Each
Receipt this Period

100.00

Occupation

admin. law judge

Aggregate Year-to-Date \$

350.00

C. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
6101 Dartmoor Court
Orlando, FL 32819Receipt For: ☐ Primary ☒ General
Other (specify)

Name of Employer

information requested

Date (month,
day, year)

12/12/88

Amount of Each
Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date \$

450.00

D. Full Name, Mailing Address and ZIP Code

Robert Lamb
6106 Lamwood Place
Plant City, FL 33566Receipt For: ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

12/13/88

Amount of Each
Receipt this Period

50.00

Occupation

retired

Aggregate Year-to-Date \$

350.00

E. Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301Receipt For: ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

12/19/88

Amount of Each
Receipt this Period

1,000.00

Occupation

real estate

Aggregate Year-to-Date \$

4,000.00

F. Full Name, Mailing Address and ZIP Code

Earle F. Brucker
629 Mundy Terrace
El Cajon, CA 92020Receipt For: ☒ Primary ☐ General
Other (specify)

Name of Employer

Cajon Speedway

Date (month,
day, year)

11/29/88

Amount of Each
Receipt this Period

300.00

Occupation

manager

Aggregate Year-to-Date \$

300.00

G. Full Name, Mailing Address and ZIP Code

W. T. Brown
637 E. Causeway Blvd.
Vero Beach, FL 32960Receipt For: ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

12/14/88

Amount of Each
Receipt this Period

100.00

Occupation

retired

Aggregate Year-to-Date \$

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page
 Page 1
 18 27
 FORM 1041-1 (1988)

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Jay Schenck
 980 Cidco Road
 Cocoa, FL 32926

Name of Employer

Schenck Co.

Date (month, day, year)

11/30/90

Amount of Each Receipt this Period

70.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

Jay Schenck
 603 Cidco Road
 Cocoa, FL 32926

Name of Employer

Schenck Co.

Date (month, day, year)

11/30/90

Amount of Each Receipt this Period

130.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

James H. Thompson
 605 S. Boulevard
 Tampa, FL 33606

Name of Employer

self-employed

Date (month, day, year)

7/11/90

Amount of Each Receipt this Period

340.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

670.00

D. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
 6101 Dertmoor Court
 Orlando, FL 32819

Name of Employer

information requested

Date (month, day, year)

10/25/90

Amount of Each Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$

250.00

E. Full Name, Mailing Address and ZIP Code

E. A. Nimnicht, II
 6148 San Jose Blvd., West
 Jacksonville, FL 32217

Name of Employer

Nimnicht Chevrolet

Date (month, day, year)

11/26/90

Amount of Each Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date \$

800.00

F. Full Name, Mailing Address and ZIP Code

E. C. Allen
 621 North Calhoun
 Tallahassee, FL 32301

Name of Employer

self-employed

Date (month, day, year)

12/03/90

Amount of Each Receipt this Period

330.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date \$

330.00

G. Full Name, Mailing Address and ZIP Code

Derrick L. Brumster
 648 Poinsetta Dr.
 Belleair, FL 34616

Name of Employer

n/a

Date (month, day, year)

10/24/90

Amount of Each Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Deduction Summary PagePA 1 11
50 75
11a

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. A. Wismicht, II 6148 San Jose Blvd., West Jacksonville, FL 32217	Wismicht Chevrolet	11/05/91	800.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation auto dealer	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George G. Daniels 6169 Cyril Ave. Orlando, FL 32809	Daniels Mfg. Corp.	8/01/91	340.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date \$ 1,670.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George G. Daniels 6169 Cyril Ave. Orlando, FL 32809	Daniels Mfg. Corp.	8/01/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date \$ 1,670.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion W. Potamkin information requested	information requested	10/28/91	500.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	n/a	7/28/91	330.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date \$ 430.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301 \$100 refunded 1/28/92	n/a	10/22/91	100.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date \$ 430.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justine S. Sprenger 6221 De Soto Memorial Hwy., N.W. Bradenton, FL 34209	n/a	10/17/91	500.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation homemaker	Aggregate Year-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page 1 2
20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
1,000.00

B. Full Name, Mailing Address and ZIP Code

Amy S. Austin
4617 San Miguel
Tampa, FL 33629

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
1,000.00

C. Full Name, Mailing Address and ZIP Code

Marsha S. Blanton
P. O. Box 3256
Pensacola, FL 32516

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
1,000.00

D. Full Name, Mailing Address and ZIP Code

Chalit Chearvechai, M.D.
2438 E. Commercial Blvd.
Ft. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
1,000.00

E. Full Name, Mailing Address and ZIP Code

District 2 MEBA-AMD Fund
635 Fourth Avenue
Brooklyn, NY 11232

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
2,000.00

F. Full Name, Mailing Address and ZIP Code

Y. E. Hall, Jr.
P. O. Box 18247
Jacksonville, FL 32229

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
800.00

G. Full Name, Mailing Address and ZIP Code

Walter Loebenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
240.00

H. Full Name, Mailing Address and ZIP Code

James Elliott Messer
P. O. Box 1876
Tallahassee, FL 32302

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
90.00

I. Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
One Beach Drive, S.E., #2611
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

Date (month day year)
1/28/92

Amount of Total Disbursement This Period
10.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 2 0 6

Attachment # 2B

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

July 27, 1992

92-28/31

PAY TO THE
ORDER OF

E.C. Allen

\$ 220.00

TWO HUNDRED TWENTY AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
One Park Office 600
601 West Park Street
Tampa, Florida 33606

⑆003415⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM BYCPS V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$220.00

940309749700

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 9
FOR LINE NUMBER
208

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dawilda M. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Jack Kugelmann P. O. Box 30130 Pensacola, FL 32503	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Thom Rasmberger P. O. Box 1873 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Florence Hicks Alexander 110 Asherwood Court Longwood, FL 32779	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Use separate sheets for each category of the Detailed Summary Page

Page 33 of 92
FOR LINE IN NUMBER 118

This record shall not be used for any purpose other than to report the person for the purpose of reporting contributions or for commercial purposes. This record shall not be used for any purpose other than to report the person for the purpose of reporting contributions or for commercial purposes.

SECTION OF COMITE PAGE

A. Full Name, Mailing Address and ZIP Code Robert Carter 254 E. Shore Road Waco, TX 76798 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Daltrol Controls Occupation executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/28/90	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Donald L. Whitmore, Jr. 6550 Terranova Pensacola, FL 32504 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Southeast Bank Occupation banker Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Jeffrey R. Fuller 6991 Burning Tree Dr. Seminole, FL 34647 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Williams, Brasfield Occupation attorney Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 5/04/90	Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code Nancy L. Fuller 6991 Burning Tree Drive Seminole, FL 34647 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 5/04/90	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code Charles F. Fackis 6701 Pensacola Blvd. Pensacola, FL 32505 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Com-Land Group, Inc. Occupation developer Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 1/16/90	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code M. B. Massey 6750 Epping Forest Way, N., #126 Jacksonville, FL 32217 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Massey Motors, Inc. Occupation SAVO dealer Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 2/14/90	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code W. S. Sadcock, Jr. 7 Brook Lane Lakeland, FL 33803 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer W. S. Sadcock Corp. Occupation furniture merchant Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 1/04/90	Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (see page 34, line number 118)

90000141764

SCHEDULE A

ITEMIZED RECEIPTS

Use space provided
for item category of the
Receipt category PagePAGE 28 OF 48
FOR LINE NUMBER 11a

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 which contributions from such committee.

Name of contributor to Fed

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

R. E. Henny
6790 Spring Forest Way, N., #134
Jacksonville, FL 32217Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Henny Motors, Inc.

Occupation

Auto Dealer
Aggregate Year-to-Date > \$Date (month,
day, year)

1/08/91

Amount of Each
Receipt this Period

400.00

B. Full Name, Mailing Address and ZIP Code

Michael E. Coles
69 Prospect Avenue
Larchmont, NY 10538Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Occupation

information requested
Aggregate Year-to-Date > \$Date (month,
day, year)

2/13/91

Amount of Each
Receipt this Period

1,000.00

C. Full Name, Mailing Address and ZIP Code

Peter M. Sidall
6918 Old Whiskey Creek Dr.
Ft. Myers, FL 33919Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

physician
Aggregate Year-to-Date > \$Date (month,
day, year)

2/28/91

Amount of Each
Receipt this Period

250.00

D. Full Name, Mailing Address and ZIP Code

Peter M. Sidall
6918 Old Whiskey Creek Dr.
Ft. Myers, FL 33919Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

physician
Aggregate Year-to-Date > \$Date (month,
day, year)

4/29/91

Amount of Each
Receipt this Period

375.00

E. Full Name, Mailing Address and ZIP Code

W. S. Badcock, Jr.
7 Brook Lane
Lakeland, FL 33803Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

W. S. Badcock Corp.

Occupation

furniture merchant
Aggregate Year-to-Date > \$Date (month,
day, year)

1/28/91

Amount of Each
Receipt this Period

330.00

F. Full Name, Mailing Address and ZIP Code

John W. Boyle
7 W. Pine Circle
Belleair, FL 33516Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Jack Richard Corp.

Occupation

businessman
Aggregate Year-to-Date > \$Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

100.00

G. Full Name, Mailing Address and ZIP Code

John W. Boyle
7 W. Pine Circle
Belleair, FL 33516Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Jack Richard Corp.

Occupation

businessman
Aggregate Year-to-Date > \$Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

290.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page 48a line number only)

9100070402

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 82 OF 75
FOR LINE NUMBER 118

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

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Charles F. Paddis
6701 Pensacola Blvd.
Pensacola, FL 32505Receipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

Com-Land Group, Inc.

Date (month,
day, year)

12/09/91

Amount of Each
Receipt this Period

200.00

Occupation

Developer
Aggregate Year-to-Date > \$ 600.00

B. Full Name, Mailing Address and ZIP Code

C. G. McGhee, Jr.
6740-114 Epping Forest Way, N.
Jacksonville, FL 32217Receipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

1,000.00

Occupation

information requested
Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

Caroline L. Klein
6807 Turban Ct., Shell Point Vlg
Ft. Myers, FL 33908Receipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month,
day, year)

9/05/91

Amount of Each
Receipt this Period

400.00

Occupation

retired
Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

Peter M. Sidall
6918 Old Whiskey Creek Dr.
Ft. Myers, FL 33919Receipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

100.00

Occupation

physician
Aggregate Year-to-Date > \$ 725.00

E. Full Name, Mailing Address and ZIP Code

Charles J. Butts
435 Rio Cien Drive
Indialantic, FL 32903
earmarkedReceipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

Harris Corp.

Date (month,
day, year)

10/21/91

Amount of Each
Receipt this Period

100.00

Occupation

vice-president
Aggregate Year-to-Date > \$ 100.00F. Full Name, Mailing Address and ZIP Code
earned through:HARRIS FENC
Melbourne, FL 32919Receipt For: ☐ Primary ☐ General
Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

G. Full Name, Mailing Address and ZIP Code

W. S. Badcock, Jr.
7 Brook Lane
Lakeland, FL 33803Receipt For: ☒ Primary ☐ General
Other (specify):

Name of Employer

W. S. Badcock Corp.

Date (month,
day, year)

10/30/91

Amount of Each
Receipt this Period

100.00

Occupation

furniture merchant
Aggregate Year-to-Date > \$ 430.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (use page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page
 PAID 102 110
 FOR LINE NUMBER
 11a

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 any other purpose, 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 NACK

A. Full Name, Mailing Address and ZIP Code

W. S. Badcock, Jr.

P. O. Box 497

Mulberry, FL 33803

\$240 refunded 7/27/92

Receipt For

Other (specify)

General

Name of Employer

W. S. Badcock Corp.

Date (month,
day, year)

3/02/92

Amount of Each
Receipt this Period

110.00

Occupation

furniture merchant

Aggregate Year-to-Date

330.00

B. Full Name, Mailing Address and ZIP Code

Russell B. Newton, Jr.

P. O. Box 52898

Jacksonville, FL 32201

Receipt For

Other (specify)

Primary

General

Name of Employer

self-employed

Date (month,
day, year)

3/17/92

Amount of Each
Receipt this Period

400.00

Occupation

private investor

Aggregate Year-to-Date

400.00

C. Full Name, Mailing Address and ZIP Code

Warren F. Bateman

P. O. Box 55-7395

Miami, FL 33255

Receipt For

Other (specify)

Primary

General

Name of Employer

West Publishing

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

250.00

Occupation

sales

Aggregate Year-to-Date

250.00

D. Full Name, Mailing Address and ZIP Code

Eugene H. Beckstein

P. O. Box 564

Tallahassee, FL 32304

Receipt For

Other (specify)

Primary

General

Name of Employer

information requested

Date (month,
day, year)

3/02/92

Amount of Each
Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date

250.00

E. Full Name, Mailing Address and ZIP Code

Fred L. MacLeod

P. O. Box 5683

Orlando, FL 32805

\$320 refunded 7/27/92

Receipt For

Other (specify)

Primary

General

Name of Employer

FIM, Inc.

Date (month,
day, year)

6/22/92

Amount of Each
Receipt this Period

330.00

Occupation

president

Aggregate Year-to-Date

330.00

F. Full Name, Mailing Address and ZIP Code

William A. Hunt

P. O. Box 6068

Pensacola, FL 32503

Receipt For

Other (specify)

Primary

General

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)

1/09/92

Amount of Each
Receipt this Period

100.00

Occupation

contractor

Aggregate Year-to-Date

400.00

G. Full Name, Mailing Address and ZIP Code

William A. Hunt

P. O. Box 6068

Pensacola, FL 32503

\$200 refunded 7/27/92

Receipt For

Other (specify)

Primary

General

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)

3/10/92

Amount of Each
Receipt this Period

300.00

Occupation

contractor

Aggregate Year-to-Date

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 4 1

Attachment # 3E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1888

TAMPA, FLORIDA 33601-1888

3000

July 27, 92

80-25/231

PAY TO THE
ORDER OF

W.S. Badcock, Jr.

240.00

TWO HUNDRED FORTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
First Florida Bank, S.A.
1111 Main Street, Suite 100
Tampa, Florida 33601

#003350# 10631002641 400870393#

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

DELUXE - FORM SVC-4 1-8

DATE

DESCRIPTION

AMOUNT

7/27/92

Contribution Refund

\$240.00

9403097497316

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 9
FORM LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William P. Harris 4961 Jogwood Drive Sanibel, FL 33957	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 650.00
B. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 323.00
C. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Run Row Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
E. Full Name, Mailing Address and ZIP Code Wilson C. Lucan 260 N. Ocean Blvd. Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 240.00
G. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

Do not
fill out
this page
if you are
not
an
employee
of the
Federal
Government

83 1 118
FOR LINE NUMBER 118

This form is to be filled out by the employer and is to be used for the purpose of reporting contributions or for estimated contributions. It is not to be filled out by the employee. It is to be filled out by the employer and is to be used for the purpose of reporting contributions or for estimated contributions. It is not to be filled out by the employee.

NAME OF CONTRIBUTOR		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	9/14/92	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	250.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	10/07/92	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	350.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	10/07/92	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	350.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	8/04/92	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	450.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	8/14/92	(100.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	430.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	8/14/92	100.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	430.00
W. S. Badcock, Jr. P. O. Box 487 Milberry, FL 33603		Information requested	8/20/92	240.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:		Occupation	Aggregate Year-to-Date > \$	430.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 12 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
R. Huston Babcock, M.D.
741 12th Street, North
St. Petersburg, FL 33705Name of Employer
self-employedDate (month,
day, year)
3/05/93Amount of Each
Receipt this Period
240.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)Occupation
physician

Aggregate Year-to-Date > \$ 240.00

B. Full Name, Mailing Address and ZIP Code
R. Huston Babcock, M.D.
741 12th Street, North
St. Petersburg, FL 33705Name of Employer
self-employedDate (month,
day, year)
3/09/93Amount of Each
Receipt this Period
240.00Receipt For ☒ Primary ☐ General
☐ Other (specify)Occupation
physician

Aggregate Year-to-Date > \$ 240.00

C. Full Name, Mailing Address and ZIP Code
Louis C. Bachrodt, III
3095 N.W. 30th Way
Boca Raton, FL 33431Name of Employer
Lou Bahrodt ChevroletDate (month,
day, year)
6/21/93Amount of Each
Receipt this Period
500.00Receipt For ☒ Primary ☐ General
☐ Other (specify)Occupation
auto dealer

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Louis C. Bachrodt, III
3095 N.W. 30th Way
Boca Raton, FL 33431Name of Employer
Lou Bahrodt ChevroletDate (month,
day, year)
6/30/93Amount of Each
Receipt this Period
(300.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)Occupation
auto dealer

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Louis C. Bachrodt, III
3095 N.W. 30th Way
Boca Raton, FL 33431Name of Employer
Lou Bahrodt ChevroletDate (month,
day, year)
6/30/93Amount of Each
Receipt this Period
300.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)Occupation
auto dealer

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
1/22/93Amount of Each
Receipt this Period
230.00Receipt For ☒ Primary ☐ General
☐ Other (specify)Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

G. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
2/08/93Amount of Each
Receipt this Period
(230.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

294:03607110349

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
13 331
FOR LINE NUMBER
112

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
2/08/93Amount of Each
Receipt this Period
230.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

B. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
2/26/93Amount of Each
Receipt this Period
430.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

C. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
3/04/93Amount of Each
Receipt this Period
(430.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

D. Full Name, Mailing Address and ZIP Code
W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803Name of Employer
W. S. Badcock Corp.Date (month,
day, year)
3/04/93Amount of Each
Receipt this Period
430.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):Occupation
furniture merchant

Aggregate Year-to-Date > \$ 660.00

E. Full Name, Mailing Address and ZIP Code
Richard J. Bagby
651 Pinetree Road
Winter Park, FL 32792Name of Employer
information requestedDate (month,
day, year)
6/29/93Amount of Each
Receipt this Period
250.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
physician

Aggregate Year-to-Date > \$ 250.00

F. Full Name, Mailing Address and ZIP Code
Marl. F. Bailey
One 16th Street, Unit C
St. Augustine, FL 32084Name of Employer
Thompson BaileyDate (month,
day, year)
5/11/93Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
insurance agent

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code
J. Richard Baker, Sr.
6521 Christopher Point Rd., W.
Jacksonville, FL 32217Name of Employer
n/aDate (month,
day, year)
4/28/93Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
retired

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (continued)

TOTAL This Period (last page this line number only)

94030974980
9:0070437

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAID 40
11a

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 any other purpose, other than using the name or address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Ind. Ins. Group Occupation insurance Aggregate Year-to-Date \$	Date (month, day, year) 2/12/90 	Amount of Each Receipt this Period 400.00 400.00
B. Full Name, Mailing Address and ZIP Code V. Hawley Smith, Jr. One San Jose Place, #7 Jacksonville, FL 32217 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Hawley Smith, Inc. Occupation developer Aggregate Year-to-Date \$	Date (month, day, year) 1/18/90 	Amount of Each Receipt this Period 400.00 400.00
C. Full Name, Mailing Address and ZIP Code James D. Mackey P. O. Box 1005 Palm City, FL 34990 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Pipers Landing, Ltd. Occupation developer Aggregate Year-to-Date \$	Date (month, day, year) 5/24/90 	Amount of Each Receipt this Period 400.00 400.00
D. Full Name, Mailing Address and ZIP Code J. H. Baroco P. O. Box 10729 Pensacola, FL 32504 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$	Date (month, day, year) 1/16/90 	Amount of Each Receipt this Period 400.00 400.00
E. Full Name, Mailing Address and ZIP Code K. Janis Guzzle P. O. Box 111 Tampa, FL 33602 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer information requested Occupation information requested Aggregate Year-to-Date \$	Date (month, day, year) 5/09/90 	Amount of Each Receipt this Period 330.00 330.00
F. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Teco Energy, Inc. Occupation president Aggregate Year-to-Date \$	Date (month, day, year) 5/09/90 	Amount of Each Receipt this Period 330.00 330.00
G. Full Name, Mailing Address and ZIP Code W. W. Boyd P. O. Box 1147 Tallahassee, FL 32302 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation mechanical engineer Aggregate Year-to-Date \$	Date (month, day, year) 5/31/90 	Amount of Each Receipt this Period 400.00 400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 35 of 45
FOR LINE NUMBER 11a

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 NACK

A. Full Name, Mailing Address and ZIP Code

Timothy L. Gussale
P. O. Box 111
Tampa, FL 33601Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Teco Energy, Inc.

Occupation

president

Aggregate Year-to-Date \$

Date (month,
day, year)

4/22/91

Amount of Each
Receipt (this Period)

330.00

330.00

B. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302
\$250 refund 7/22/91Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

mechanical engineer

Aggregate Year-to-Date \$

Date (month,
day, year)

3/11/91

Amount of Each
Receipt (this Period)

800.00

800.00

C. Full Name, Mailing Address and ZIP Code

D. Victor Knight
P. O. Box 1148
Vero Beach, FL 32961Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Riverfront Groves

Occupation

citrus grower

Aggregate Year-to-Date \$

Date (month,
day, year)

1/25/91

Amount of Each
Receipt (this Period)

400.00

400.00

D. Full Name, Mailing Address and ZIP Code

Ley H. Smith
P. O. Box 1152
Orlando, FL 32802Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

attorney

Aggregate Year-to-Date \$

Date (month,
day, year)

2/21/91

Amount of Each
Receipt (this Period)

330.00

330.00

E. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

1/28/91

Amount of Each
Receipt (this Period)

200.00

200.00

F. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

1/28/91

Amount of Each
Receipt (this Period)

1,000.00

1,200.00

G. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733
\$200 refund 7/22/91Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

2/11/91

Amount of Each
Receipt (this Period)

200.00

1,400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9100070439

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 63 OF 75
FOR LINE NUMBER 11a

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 NACK

A. Full Name, Mailing Address and ZIP Code

A. D. Andrews
P. O. Box 1126
Chiefland, FL 32626Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

information requested

Date (month,
day, year)

11/21/91

Amount of Each
Receipt this Period

600.00

Occupation

information requested

Aggregate Year-to-Date \$

600.00

B. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

8/12/91

Amount of Each
Receipt this Period

400.00

Occupation

mechanical engineer

Aggregate Year-to-Date \$

1,100.00

C. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

11/19/91

Amount of Each
Receipt this Period

50.00

Occupation

mechanical engineer

Aggregate Year-to-Date \$

1,100.00

D. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

11/19/91

Amount of Each
Receipt this Period

100.00

Occupation

mechanical engineer

Aggregate Year-to-Date \$

1,100.00

E. Full Name, Mailing Address and ZIP Code

Richard E. Becker
P. O. Box 1240
Pt. Pierce, FL 34954Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Becker Holding Corp.

Date (month,
day, year)

7/19/91

Amount of Each
Receipt this Period

400.00

Occupation

citrus

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Cathi C. Wilkinson
P. O. Box 13527
Tallahassee, FL 32317Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

information requested

Date (month,
day, year)

9/10/91

Amount of Each
Receipt this Period

330.00

Occupation

information requested

Aggregate Year-to-Date \$

380.00

G. Full Name, Mailing Address and ZIP Code

Cathi C. Wilkinson
P. O. Box 13527
Tallahassee, FL 32317Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

information requested

Date (month,
day, year)

11/12/91

Amount of Each
Receipt this Period

50.00

Occupation

information requested

Aggregate Year-to-Date \$

380.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page

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11a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

3/05/92

Amount of Each
Receipt this Period

250.00

Occupation

mechanical engineer

Aggregate Year-to-Date

\$ 250.00

B. Full Name, Mailing Address and ZIP Code

R. William Becker
P. O. Box 1240
Ft. Pierce, FL 33454Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

3/03/92

Amount of Each
Receipt this Period

200.00

Occupation

citrus

Aggregate Year-to-Date

\$ 400.00

C. Full Name, Mailing Address and ZIP Code

R. William Becker
P. O. Box 1240
Ft. Pierce, FL 33454Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

3/03/92

Amount of Each
Receipt this Period

200.00

Occupation

citrus

Aggregate Year-to-Date

\$ 400.00

D. Full Name, Mailing Address and ZIP Code

Richard E. Becker
P. O. Box 1240
Ft. Pierce, FL 34954Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Becker Holding Corp.

Date (month,
day, year)

6/10/92

Amount of Each
Receipt this Period

400.00

Occupation

citrus

Aggregate Year-to-Date

\$ 400.00

E. Full Name, Mailing Address and ZIP Code

Richard E. Becker
P. O. Box 1240
Ft. Pierce, FL 34954Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Becker Holding Corp.

Date (month,
day, year)

7/07/92

Amount of Each
Receipt this Period(200.00)
redesignated

Occupation

citrus

Aggregate Year-to-Date

\$ 400.00

F. Full Name, Mailing Address and ZIP Code

Richard E. Becker
P. O. Box 1240
Ft. Pierce, FL 34954Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Becker Holding Corp.

Date (month,
day, year)

7/07/92

Amount of Each
Receipt this Period200.00
redesignated

Occupation

citrus

Aggregate Year-to-Date

\$ 400.00

G. Full Name, Mailing Address and ZIP Code

Peter W. Busch
P. O. Box 12429
Ft. Pierce, FL 34979Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Southern Eagle Dist.

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

200.00

Occupation

president

Aggregate Year-to-Date

\$ 400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Schedule Page

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FOR LINE SUBMIT IN 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

4. Full Name, Mailing Address and ZIP Code Darrell R. Julian 7491 Conroy-Windermere Rd., A-5 Orlando, FL 32811 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Julian Consolidated Occupation developer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/05/89	Amount of Last Receipt this Period 330.00
5. Full Name, Mailing Address and ZIP Code F. S. Bilek, M.D. 7531 Buck Lake Road Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tallahassee Memorial Occupation physician Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 8/28/89	Amount of Each Receipt this Period 330.00
6. Full Name, Mailing Address and ZIP Code Lawrence W. Curtin 7573 Skipper Lane Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00
7. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00
8. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Contemporary Cars Occupation auto dealer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 8/22/89	Amount of Each Receipt this Period 330.00
9. Full Name, Mailing Address and ZIP Code Leonard F. Llewellyn 812 W. Leeway Beach Circle Marco Island, FL 33937 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation real estate Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/17/89	Amount of Each Receipt this Period 1,000.00
10. Full Name, Mailing Address and ZIP Code Robert T. Sutton 817 E. Washington Street Tampa, FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Media General Occupation president and ceo Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page and last receipt only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

 PAGE 30 of 45
 FOR LINE NUMBER 11a

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 any other purpose, 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 NACK

A. Full Name, Mailing Address and ZIP Code

 Jack B. Neelan, Jr.
 75 Sea Marsh Road
 Amelia Island, FL 32034

Name of Employer

Amelia Island Plant.

Date (month, day, year)

4/22/91

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

general manager

Aggregate Year-to-Date \$ 400.00

B. Full Name, Mailing Address and ZIP Code

 Evaline B. Bilek
 751 Buck Lane Road
 Tallahassee, FL 32301

Name of Employer

information requested

Date (month, day, year)

3/21/91

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date \$ 500.00

C. Full Name, Mailing Address and ZIP Code

 Rod M. Brin
 7675 Buck Lake Road
 Tallahassee, FL 32301

Name of Employer

n/a

Date (month, day, year)

1/31/91

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$ 330.00

D. Full Name, Mailing Address and ZIP Code

 Leo A. Vacallio, Jr.
 771 Village Road
 North Palm Beach, FL 33408

Name of Employer

Ranger Construction

Date (month, day, year)

5/20/91

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date \$ 500.00

E. Full Name, Mailing Address and ZIP Code

 Walter Losberberg
 7834 9th Avenue, S.
 St. Petersburg, FL 33707

Name of Employer

n/a

Date (month, day, year)

1/30/91

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$ 330.00

F. Full Name, Mailing Address and ZIP Code

 Joseph L. Noble
 790 Andrews Ave., #1302
 Delray Beach, FL 33483

Name of Employer

n/a

Date (month, day, year)

5/03/91

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$ 500.00

G. Full Name, Mailing Address and ZIP Code

 Robert S. Lieberman, M.D.
 80 Isla Bahia Dr.
 Ft. Lauderdale, FL 33316

Name of Employer

self-employed

Date (month, day, year)

4/15/91

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

54 75

ADD LINE NUMBER

118

Use column 1 for each bank deposit and withdrawal entry and column 2 for each entry for the purpose of recording contributions or for withdrawing amounts. Also use the appropriate column for each entry for recording to which credit account each entry applies.

NAME OF EMPLOYER

RECEIPT FOR CONTRIBUTION

A. Full Name, Mailing Address and ZIP Code

John E. Hallinowski
284 Cape View Drive
FL. Springs, FL 32066

Name of Employer

information requested

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

100.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

information requested

300.00

B. Full Name, Mailing Address and ZIP Code

Bob M. Brin
7675 Back Lake Road
Tallahassee, FL 32308

Name of Employer

n/a

Date (month, day, year)

7/28/91

Amount of Each Receipt this Period

330.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date > 8

200.00

C. Full Name, Mailing Address and ZIP Code

Walter Losenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707
\$240 refunded 1/28/92

Name of Employer

n/a

Date (month, day, year)

10/11/91

Amount of Each Receipt this Period

250.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date > 8

500.00

D. Full Name, Mailing Address and ZIP Code

J. E. Kirkland
7901 Cindy Lane
Bethesda, MD 20817

Name of Employer

information requested

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

1,000.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > 8

1,000.00

E. Full Name, Mailing Address and ZIP Code

James L. Main
7968 Quailwood Drive
Jacksonville, FL 32216

Name of Employer

Kirschner, Main et al

Date (month, day, year)

11/05/91

Amount of Each Receipt this Period

500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

lawyer

Aggregate Year-to-Date > 8

500.00

F. Full Name, Mailing Address and ZIP Code

Thomas A. Tamm
7977 9th Avenue, South
St. Petersburg, FL 33707

Name of Employer

Raymond James

Date (month, day, year)

7/19/91

Amount of Each Receipt this Period

330.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Investment banker

Aggregate Year-to-Date > 8

330.00

G. Full Name, Mailing Address and ZIP Code

Peter J. Spillis
800 Douglas Entrance
Coral Gables, FL 33134

Name of Employer

Spillis, Candela et al

Date (month, day, year)

11/12/91

Amount of Each Receipt this Period

500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

architect

Aggregate Year-to-Date > 8

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 77 111
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Pittman 76 Marsh Creek Rd. Fernandina Beach, FL 32034	self-employed	3/06/92	130.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation real estate	Aggregate Year to Date \$ 330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Carrey 763 North Beach Street Ormond Beach, FL 32074	Carefree Ford Ent Inc	6/26/92	500.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation restaurant owner	Aggregate Year to Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Hollinsworth 766 Cape View Drive Ft. Myers, FL 33919	n/a	5/26/92	250.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year to Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zalman C. Bernstein 767 Fifth Avenue New York, NY 10153	S. C. Bernstein & Co.	6/08/92	1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation investments	Aggregate Year to Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301 \$320 refunded 7/27/92	n/a	3/18/92	330.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year to Date \$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene C. Brewer 77 E. Missouri, #52 Phoenix, AZ 85012	n/a	2/06/92	250.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year to Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo A. Vecellio, Jr. 771 Village Road North Palm Beach, FL 33408	Ranger Construction	5/13/92	500.00
Receipt For <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation executive	Aggregate Year to Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 4 5

Attachment # 5E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1888
TAMPA, FLORIDA 33601-1888

3354

July 27, 1992

88-25/221

PAY TO THE
ORDER OF

Rod M. Brim

\$ 320.00

THREE HUNDRED TWENTY AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, S.A.
Savings Plan Office 680
201 West Platt Street
Tampa, Florida 33606



⑆003354⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-S V-8

9 4 0 3 0 9 7 4 9 8 9
9 2 0 2 0 1 7 3 1 4 5

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$320.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 8 9
FOR LINE NUMBER
208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Red W. Brin 7675 Buck Lake Road Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
C. Full Name, Mailing Address and ZIP Code Scott F. Lutgert 4200 Gulfshore Blvd., N. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	25.00
D. Full Name, Mailing Address and ZIP Code Shella M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #68 Jacksonville FL 32204	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 1598 Sarasota, FL 34230	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 37 OF 331
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 37
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

David L. Brooke
6556 Ridgewood Dr.
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

12/14/89

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

O. W. Hudson
669 Franklyn Avenue
Indialantic, FL 32903
earmarked

Name of Employer

Harris Corp.

Date (month,
day, year)

7/10/89

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

secretary

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Earmarked through:
Harris Corp.
Melbourne, FL 32919

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For

☐ Primary☐ General

Other (specify)

Occupation

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Mrs. Horace D. Klein
6807 Turban Court
Ft. Myers, FL 33908

Name of Employer

n/a

Date (month,
day, year)

10/03/89

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Phil Reece
681 Virginia Drive
Winter Park, FL 32789

Name of Employer

self-employed

Date (month,
day, year)

8/22/89

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

citrus

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

John J. Gallagher
686 Merritt Court
Davidsonville, MD 21035

Name of Employer

information requested

Date (month,
day, year)

11/06/89

Amount of Each
Receipt this Period

250.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Christine Ingram
7 Hickory Way
Winter Haven, FL 33881

Name of Employer

information requested

Date (month,
day, year)

8/31/89

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030974932

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 70 110
 FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J. Crannell 6507 N. Harney Road Tampa, FL 33610	Safety Equip. Co.	4/26/92	320.00 redesignated
Receipt For <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: president	Aggregate Year to Date: \$ 320.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Oster 651 E. Shore Road Mukwonago, WI 53149	Daltrol Controls	3/23/92	500.00
Receipt For <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: executive	Aggregate Year to Date: \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David L. Brooks 6556 Ridgewood Dr. Naples, FL 33940 \$1,000 refunded 7/27/92	n/a	1/31/92	1,000.00
Receipt For <input checked="" type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: retired	Aggregate Year to Date: \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy L. Fuller 6591 Burning Tree Drive Seminole, FL 34647	n/a	6/18/92	400.00
Receipt For <input checked="" type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: homemaker	Aggregate Year to Date: \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy L. Fuller 6591 Burning Tree Drive Seminole, FL 34647	n/a	6/30/92	(200.00) redesignated
Receipt For <input checked="" type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: homemaker	Aggregate Year to Date: \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy L. Fuller 6591 Burning Tree Drive Seminole, FL 34647	n/a	6/30/92	200.00 redesignated
Receipt For <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: homemaker	Aggregate Year to Date: \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Horace D. Klein 6807 Turban Court Ft. Myers, FL 33908	n/a	4/01/92	500.00
Receipt For <input checked="" type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: retired	Aggregate Year to Date: \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

 74030974993
 11100

SCHEDULE A

ITEMIZED RECEIPTS

*See separate schedule
for each category. If no
itemized receipts, Page

118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

David J. Crannell
6507 W. Harney Road
Tampa, FL 33610

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Safety Equip. Co.

Date (month
day, year)

2/13/91

Amount (in
dollars and cents)

130.00

Occupation

president

Aggregate Year to Date \$

330.00

B Full Name, Mailing Address and ZIP Code

Donald L. Whittemore, Jr.
6550 Terrasanta
Pensacola, FL 32504

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Southeast Bank

Date (month
day, year)

1/07/91

Amount (in
dollars and cents)

400.00

Occupation

banker

Aggregate Year to Date \$

400.00

C Full Name, Mailing Address and ZIP Code

David L. Brooke
6556 Ridgewood Dr.
Naples, FL 33940

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month
day, year)

2/14/91

Amount (in
dollars and cents)

1,000.00

Occupation

retired

Aggregate Year to Date \$

1,000.00

D Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647
\$240 refund 7/22/91

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Williams, Brasfield

Date (month
day, year)

2/21/91

Amount (in
dollars and cents)

330.00

Occupation

attorney

Aggregate Year to Date \$

330.00

E Full Name, Mailing Address and ZIP Code

Nancy L. Fuller
6591 Burning Tree Drive
Seminole, FL 34647

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day, year)

2/21/91

Amount (in
dollars and cents)

400.00

Occupation

homemaker

Aggregate Year to Date \$

400.00

F Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Dr.
Naples, FL 33963

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day, year)

5/20/91

Amount (in
dollars and cents)

100.00

Occupation

retired

Aggregate Year to Date \$

300.00

G Full Name, Mailing Address and ZIP Code

Charles P. Padgett
6701 Pensacola Blvd.
Pensacola, FL 32505

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Com-Land Group, Inc.

Date (month
day, year)

3/27/91

Amount (in
dollars and cents)

400.00

Occupation

developer

Aggregate Year to Date \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 4 4

Attachment # 6D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3353

July 27, 1992

09-28/92

PAY TO THE
ORDER OF

David L. Brooke

\$ 1,000.00

ONE THOUSAND AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank Plaza Office 600
201 West Palm Street
Tampa, Florida 33602

⑆003353⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY AND RETURN OF CHECKS

DELUXE - FORM SVCP-3 V-6

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$1,000.00

94030974995
92030173144

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 9
 FOR LINE NUMBER 20a

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 comment, or purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Carlton Sutphin 9098 Old Frederick Road Ellicott City, MD 21043	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Betsy Freiburger 2999 Date Palm Road Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Watkins P. O. Box 1738 Atlanta, GA 30301	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd Stuart, FL 34996	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caroline L. Klein 6807 Turban Ct., SPV Ft. Myers, FL 33908	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David L. Brooks 6556 Ridgewood Dr. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 13 OF 118
FOR LINE NUMBER 118

All information copied from such Reports and Statements may not be told or used by any person for the purpose of soliciting contributions or for any other purpose, 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 RACK

A. Full Name, Mailing Address and ZIP Code

Jim L. Smallwood
2325 Frankford Avenue
Panama City, FL 32405

Name of Employer

AmSouth Bank

Date (month, day, year)

8/28/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

banker

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

Carol K. Bullard
2325 Ulmerton Road, Suite 27
Clearwater, FL 34622

Name of Employer

self-employed

Date (month, day, year)

8/21/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

self-employed

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

Bernard Little, Jr.
2328 Hollingsworth Hill
Lakeland, FL 33803

Name of Employer

Bernie Little Dist.

Date (month, day, year)

8/22/89

Amount of Each Receipt this Period

300.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

300.00

D. Full Name, Mailing Address and ZIP Code

Jack Pines
2345 Collins Lane
Lakeland, FL 33803

Name of Employer

self-employed

Date (month, day, year)

9/18/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

real estate

Aggregate Year-to-Date > \$

380.00

E. Full Name, Mailing Address and ZIP Code

John H. Haun
235 S. Cove Terrace Drive
Panama City, FL 32401

Name of Employer

Harbour Realty

Date (month, day, year)

9/11/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

real estate broker

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Louis M. Daniel, C.L.U.
2382 Gulf Shore Blvd. N.
Naples, FL 33940

Name of Employer

Equitable Life Ins Co

Date (month, day, year)

12/29/89

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

financial planner

Aggregate Year-to-Date > \$

525.00

G. Full Name, Mailing Address and ZIP Code

Robert J. Brueck, M.D.
25 Falconwood Court
Ft. Myers, FL 33919

Name of Employer

self-employed

Date (month, day, year)

10/03/89

Amount of Each Receipt this Period

1,000.00

Receipt For

☒ Primary ☐ General
☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
(Detailed Summary Page)PAGE 31 110
FORM LINE NUMBER 11a

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 HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha L. DeCaspades 2451 Brickell Avenue, #21D Miami, FL 33129	PharMed Group	4/08/92	\$400.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	self-employed	1/16/92	250.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	1,400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	self-employed	2/04/92	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	1,400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	self-employed	2/11/92	(1,000.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	1,400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	self-employed	2/11/92	1,000.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	1,400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Brueck, M.D. 25 Falconwood Court Ft. Myers, FL 33919 \$400 refunded 7/27/92	self-employed	2/24/92	150.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	1,400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Ione Cowell 2500 Bay Avenue, #2 Miami Beach, FL 33140	n/a	3/23/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation none	Aggregate Year-to-Date \$	250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 7 2 0 1 7 3 2 0 8

Attachment # 7C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1896

TAMPA, FLORIDA 33601-1896

July 27, 1992

89-26/231

PAY TO THE
ORDER OF

Robert J. Brueck, M.D.

\$ 400.00

FOUR HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, N.A.
Bank Plaza Office 505
801 West Plaza, Suite 1
Tampa, Florida 33606

⑈003417⑈ ⑆063100264⑆ 400870393⑈

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS A PAYMENT OF FEE'S DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$400.00

9 4 9 3 0 8 7 A . 9 2 0 9 8

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 7 9
LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert S. Liebkind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert J. Brusack, M.D. 25 Falconwood Court Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 41 OF 59
FOR LINE NUMBER 11a

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 to Pull

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code Darrell R. Julian 7491 Conroy-Windermere Rd., A-5 Orlando, FL 32811 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Julian Consolidated Occupation developer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/05/89 Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code F. S. Bilak, M.D. 7531 Buck Lake Road Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tallahassee Memorial Occupation physician Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 8/28/89 Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code Lawrence N. Curtin 7573 Skipper Lane Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89 Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89 Amount of Each Receipt this Period 330.00
E. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Contemporary Cars Occupation auto dealer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 8/22/89 Amount of Each Receipt this Period 330.00
F. Full Name, Mailing Address and ZIP Code Leonard F. Llewellyn 812 W. Highway Beach Circle Marco Island, FL 33937 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation real estate Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/17/89 Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Robert T. Sutton 817 E. Washington Street Tampa, FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Media General Occupation president and ceo Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/05/89 Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (from page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

1A

2

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Darrell R. Julian
7491 Conroy-Windermere Rd., A-5
Orlando, FL 32811

Name of Employer

Julian Consolidated

Date (month,
day, year)

12/03/90

Occupation

developer

Aggregate Year to Date \$

330.00

Receipt For

☒ Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

F. S. Bilek, M.D.
7531 Buck Lake Road
Tallahassee, FL 32301

Name of Employer

Tallahassee Memorial

Date (month,
day, year)

12/07/90

Occupation

physician

Aggregate Year to Date \$

330.00

Receipt For

☒ Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Lawrence N. Curtin
7573 Skipper Lane
Tallahassee, FL 32301

Name of Employer

Holland & Knight

Date (month,
day, year)

12/07/90

Occupation

attorney

Aggregate Year to Date \$

330.00

Receipt For

☒ Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

Howard Carrey
763 North Beach Street
Ormond Beach, FL 32074

Name of Employer

Carefree Ford Ent Inc

Date (month,
day, year)

8/30/90

Occupation

restaurant owner

Aggregate Year to Date \$

500.00

Receipt For

☒ Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

Elizabeth M. Serbler
7650 Bayshore Drive, #702B
Treasure Island, FL 33706

Name of Employer

information requested

Date (month,
day, year)

7/02/90

Occupation

information requested

Aggregate Year to Date \$

500.00

Receipt For

☒ Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Leo A. Vecellio, Jr.
771 Village Road
North Palm Beach, FL 33408

Name of Employer

Ranger Construction

Date (month,
day, year)

10/29/90

Occupation

executive

Aggregate Year to Date \$

250.00

Receipt For

☒ Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

J. Albert Burnett
800 N. Orlando Avenue
Maitland, FL 32851

Name of Employer

Contemporary Cars

Date (month,
day, year)

11/30/90

Occupation

auto dealer

Aggregate Year to Date \$

330.00

Receipt For

☒ Primary

General

Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # BCUse separate schedule(s)
for each category of the
Detailed Summary Page55 75
FOR LINE NUMBER
11a

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 NACK

A. Full Name, Mailing Address and ZIP Code

J. Albert Burnett
800 N. Orlando Avenue
Maitland, FL 32851Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Contemporary Cars

Occupation

auto dealer

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

333.00

Aggregate Year-to-Date \$ 333.00

B. Full Name, Mailing Address and ZIP Code

Frank Moya, M.D.
801 Arthur Godfrey Dr., #400
Miami Beach, FL 33140Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Mt. Sinai Med. Center

Occupation

physician

Date (month,
day, year)

9/27/91

Amount of Each
Receipt this Period

100.00

Aggregate Year-to-Date \$ 800.00

C. Full Name, Mailing Address and ZIP Code

Frank Moya, M.D.
801 Arthur Godfrey Dr., #400
Miami Beach, FL 33140Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Mt. Sinai Med. Center

Occupation

physician

Date (month,
day, year)

9/27/91

Amount of Each
Receipt this Period

500.00

Aggregate Year-to-Date \$ 800.00

D. Full Name, Mailing Address and ZIP Code

Frank Moya, M.D.
801 Arthur Godfrey Dr., #400
Miami Beach, FL 33140Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Mt. Sinai Med. Center

Occupation

physician

Date (month,
day, year)

11/12/91

Amount of Each
Receipt this Period

100.00

Aggregate Year-to-Date \$ 800.00

E. Full Name, Mailing Address and ZIP Code

Jay S. Salby
801 N. Venetian Drive
Miami, FL 33139Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

ICC

Occupation

executive

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

250.00

Aggregate Year-to-Date \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Burton A. Landy
802 Alcoria
Coral Gables, FL 33134Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Paul, Landy et al

Occupation

attorney

Date (month,
day, year)

9/26/91

Amount of Each
Receipt this Period

500.00

Aggregate Year-to-Date \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Mrs. John R. Shaw
821 Virginia Street
Jacksonville, FL 32208Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

So. Belle Frozen Food

Occupation

chairman

Date (month,
day, year)

10/18/91

Amount of Each
Receipt this Period

1,000.00

Aggregate Year-to-Date \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePA 79 116
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Thomas A. James
7977 9th Avenue, Soth
St. Petersburg, FL 33707Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Raymond James

Date (month,
day, year)

4/28/92

Amount of Each
Receipt this Period

110.00

Occupation

investment banker

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

Robert S. Liebeskind, M.D.
80 Isla Bahia Dr.
Ft. Lauderdale, FL 33316
\$300 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

4/20/92

Amount of Each
Receipt this Period

400.00

Occupation

physician

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

J. Albert Burnett
800 N. Orlando Avenue
Maitland, FL 32851Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Contemporary Cars

Date (month,
day, year)

1/23/92

Amount of Each
Receipt this Period

250.00

Occupation

auto dealer

Aggregate Year-to-Date \$

430.00

D. Full Name, Mailing Address and ZIP Code

J. Albert Burnett
800 N. Orlando Avenue
Maitland, FL 32851
\$423 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Contemporary Cars

Date (month,
day, year)

6/12/92

Amount of Each
Receipt this Period

180.00

Occupation

auto dealer

Aggregate Year-to-Date \$

430.00

E. Full Name, Mailing Address and ZIP Code

William H. Palm
800 S. Orlando Avenue
Maitland, FL 32751Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Glaze & Radcliffe

Date (month,
day, year)

1/21/92

Amount of Each
Receipt this Period

250.00

Occupation

engineer

Aggregate Year-to-Date \$

250.00

F. Full Name, Mailing Address and ZIP Code

Homer H. Humphries, Jr.
801 Blackstone Blvd.
Jacksonville, FL 32202Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

5/26/92

Amount of Each
Receipt this Period

400.00

Occupation

attorney

Aggregate Year-to-Date \$

400.00

G. Full Name, Mailing Address and ZIP Code

Maurice W. Cornell
801 Laurel Oak Drive, Suite 620
Naples, FL 33963Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

2/26/92

Amount of Each
Receipt this Period

300.00

Occupation

retired

Aggregate Year-to-Date \$

590.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 1 7 3 1 4 6

Attachment # 8E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

8355July 27, 1992

08-28/92

PAY TO THE
ORDER OF

J. Albert Burnett

\$ 423.00

FOUR HUNDRED TWENTY THREE AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
Bank Plaza Office 2003
201 West Palm Street
Tampa, Florida 33609

#003355# 10631002641 400870393#

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

DELUXE - FORM 8VCP-2 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$423.00

9 4 0 3 0 9 7 5 0 0 5
9 2 0 2 0 1 7 3 1 4 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 9
FOR LINE NUMBER
20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	423.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	25.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Schenck 4161 John Young Parkway Orlando, FL 32804	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	295.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ruseakis 8801 Indrio Road Ft. Pierce, FL 34951	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHWAB

ITEMIZED RECEIPTS

See separate instructions
for each category of the
Detailed Summary PagePAGE 59
17 59
FOR LINE NUMBER
118

Any information copied from such registers and documents may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, except that using the name and address of any political candidate to solicit contributions from such candidate.

NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

B. Terrell Griffin
295 S. Orange Avenue, Suite 1500
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month,
day, year)

9/05/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 830.00

B. Full Name, Mailing Address and ZIP Code

Sam L. Bockman
259 Sand Pine Road
Indialantic, FL 32903

Name of Employer

information requested

Date (month,
day, year)

7/17/89

Amount of Each
Receipt this Period

250.00

Receipt For:

☐ Primary ☒ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code

Nancy J. Barry
2632 N.W. 43rd Street, B-95
Gainesville, FL 32606

Name of Employer

information requested

Date (month,
day, year)

10/10/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$ 330.00

D. Full Name, Mailing Address and ZIP Code

Jack H. Quaritus
2729 Holly Point Road
Orange Park, FL 32073

Name of Employer

McM Corp.

Date (month,
day, year)

11/30/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

insurance

Aggregate Year-to-Date > \$ 330.00

E. Full Name, Mailing Address and ZIP Code

Fred B. Bullard
2733 Bullard Drive
Clearwater, FL 34622

Name of Employer

Bullard Corp.

Date (month,
day, year)

8/21/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

real estate

Aggregate Year-to-Date > \$ 330.00

F. Full Name, Mailing Address and ZIP Code

Ward C. Case
2777 Gulf Shore Blvd. N.
Naples, FL 33940

Name of Employer

self-employed

Date (month,
day, year)

10/17/89

Amount of Each
Receipt this Period

1,000.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

insurance/real estate

Aggregate Year-to-Date > \$ 1,500.00

G. Full Name, Mailing Address and ZIP Code

Leslie L. Chisholm, Jr., M.D.
2808 W. Buffalo
Tampa, FL 33607

Name of Employer

self-employed

Date (month,
day, year)

9/28/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General☐ Other (specify):

Occupation

ophthalmologist

Aggregate Year-to-Date > \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

The amount shown here for each category of the Detailed Summary Page

Page 13 of 51
For Line 1118 in 1118

These receipts must be kept for 3 years and must be used by the person for the purpose of claiming a deduction or for settlement of a claim. This does not apply to the receipt of any person claiming to have been a partner in a partnership or to the settlement of a claim.

RECEIPTS FOR

RECEIPTS OF COMBINE INCOME

A. Full Name, Mailing Address and ZIP Code William E. Howard 2730-A Heron Place Clearwater, FL 34622 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer self-employed Occupation accountant Aggregate Year-to-Date > 8	Date (month, day, year) 4/23/90 Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Eric Nicholson 2761 Dunbar Road Pensacola, FL 32503 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer Citizens & Peoples Occupation barber Aggregate Year-to-Date > 8	Date (month, day, year) 1/22/90 Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Henry C. Petri 2780 N.E. 9th Court Fort Myers Beach, FL 33902 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer Petris Pos. Post Ctrl Occupation chairman Aggregate Year-to-Date > 8	Date (month, day, year) 2/14/90 Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer self-employed Occupation ophthalmologist Aggregate Year-to-Date > 8	Date (month, day, year) 4/10/90 Amount of Each Receipt this Period 330.00
E. Full Name, Mailing Address and ZIP Code George T. Edwards, M.D. 2824 NE 30th St. Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > 8	Date (month, day, year) 4/16/90 Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code J. R. Barnett 2882 Whisper Bay Blvd. Gulf Breeze, FL 32561 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer Pensacola Aviation Occupation aircraft dealer Aggregate Year-to-Date > 8	Date (month, day, year) 1/09/90 Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code Jack D. Sturgis 2900 20th Street Vero Beach, FL 32908 Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Name of Employer self-employed Occupation dealer Aggregate Year-to-Date > 8	Date (month, day, year) 2/01/90 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (continued)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

 Page 13 of 45
 FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 Henry C. Petri
 2700 N.E. 9th Court
 Pompano Beach, FL 33062

Name of Employer

Petris Pos. Post Ctrl

Date (month, day, year)

5/06/91

Amount of Each Receipt this Period

200.00

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

Occupation

chairman

Aggregate Year-to-Date > \$ 400.00

B. Full Name, Mailing Address and ZIP Code

 Leslie L. Chisholm, Jr., M.D.
 2808 W. Buffalo
 Tampa, FL 33607

Name of Employer

self-employed

Date (month, day, year)

1/30/91

Amount of Each Receipt this Period

130.00

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

Occupation

ophthalmologist

Aggregate Year-to-Date > \$ 130.00

C. Full Name, Mailing Address and ZIP Code

 George T. Richards, M.D.
 2624 NE 36th St.
 Ft. Lauderdale, FL 33308

Name of Employer

self-employed

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

400.00

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

Occupation

physician

Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

 L. W. Montanus
 2908 Plantation Road
 Winter Haven, FL 33884

Name of Employer

Orange Co., Inc.

Date (month, day, year)

2/21/91

Amount of Each Receipt this Period

130.00

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

Occupation

president

Aggregate Year-to-Date > \$ 330.00

E. Full Name, Mailing Address and ZIP Code

 Gurnsey C. Cline
 2950 Polo Drive
 Gulfstream, FL 33483

Name of Employer

n/a

Date (month, day, year)

4/22/91

Amount of Each Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

 Becky Weinberger
 2999 Date Palm Road
 Boca Raton, FL 33432

Name of Employer

self-employed

Date (month, day, year)

1/31/91

Amount of Each Receipt this Period

400.00

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

Occupation

writer

Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code

 Becky Weinberger
 2999 Date Palm Road
 Boca Raton, FL 33432

Name of Employer

self-employed

Date (month, day, year)

5/02/91

Amount of Each Receipt this Period

80.00

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

Occupation

writer

Aggregate Year-to-Date > \$ 480.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 1 of 1
34 110
Form 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Herbert K. Anspech
2760 N.W. 29th Drive
Boca Raton, FL 33434

Name of Employer

self-employed

Date (month,
day, year)

5/26/92

Amount of Each
Receipt this Period

200.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

commodities trader

Aggregate Year to Date

400.00

B. Full Name, Mailing Address and ZIP Code

Leslie L. Chisholm, Jr., M.D.
2808 W. Buffalo
Tampa, FL 33607
\$490 refunded 7/27/92

Name of Employer

self-employed

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

ophthalmologist

Aggregate Year to Date

500.00

C. Full Name, Mailing Address and ZIP Code

David Eller
281 SE 18th Ave.
Deerfield Beach, FL 33441

Name of Employer

M & W Pump

Date (month,
day, year)

3/06/92

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

president

Aggregate Year to Date

250.00

D. Full Name, Mailing Address and ZIP Code

George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308
\$250 refunded 7/27/92

Name of Employer

self-employed

Date (month,
day, year)

3/03/92

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

physician

Aggregate Year to Date

400.00

E. Full Name, Mailing Address and ZIP Code

Jorge M. Perez
2828 Coral Way, #PH
Miami, FL 33145

Name of Employer

information requested

Date (month,
day, year)

4/08/92

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year to Date

500.00

F. Full Name, Mailing Address and ZIP Code

P. N. Risser, III
2865 Executive Drive
Clearwater, FL 34622

Name of Employer

Risser Oil Corp.

Date (month,
day, year)

3/11/92

Amount of Each
Receipt this Period

10.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

CEO

Aggregate Year to Date

330.00

G. Full Name, Mailing Address and ZIP Code

P. N. Risser, III
2865 Executive Drive
Clearwater, FL 34622

Name of Employer

Risser Oil Corp.

Date (month,
day, year)

3/11/92

Amount of Each
Receipt this Period

320.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

CEO

Aggregate Year to Date

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

202 017 3147

Attachment # 9E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836
TAMPA, FLORIDA 33601-1836

3356

July 27, 1992

85-26/31

PAY TO THE ORDER OF Leslie L. Chisholm, Jr., M.D.

\$ 490.00

FOUR HUNDRED NINETY AND NO/100 ----- DOLLARS

FIRST FLORIDA
First Florida Bank, S.A.
State Park Office - 800
201 West Park Avenue
Tampa, Florida 33606



⑆003356⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM BVCP-3 5-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$490.00

9400309175347

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 9

FOR LINE NUMBER 20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	490.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lillian Worth 949 Tomas Ct. Orlando, FL 32825	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/92	75.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Louis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lorena Jaeb P. O. Box 428 Mango, FL 33550	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	800.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucie B. Bostick 9 Brogden Court, S.E. Winter Haven, FL 33880	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martha W. Hurd 115 Landford Road Piedmont, CA 94611	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/92	180.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 9G

Use space
for each category of the
Detailed Summary Page

53 331
FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940308050173

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 9H

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 54 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Phyllis S. Chisholm
16603 Milan de Avila
Tampa, FL 33613

Name of Employer

The Ophthalmic Group

Date (month,
day, year)

4/30/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
(Other specify)

Occupation

C.E.O.

Aggregate Year-to-Date > \$

1,250.00

B. Full Name, Mailing Address and ZIP Code

Phyllis S. Chisholm
16603 Milan de Avila
Tampa, FL 33613

Name of Employer

The Ophthalmic Group

Date (month,
day, year)

5/17/93

Amount of Each
Receipt this Period(500.00)
reattributedReceipt For ☒ Primary ☐ General
(Other specify)

Occupation

C.E.O.

Aggregate Year-to-Date > \$

1,250.00

C. Full Name, Mailing Address and ZIP Code

Leslie L. Chisholm, Jr., M.D.
2808 W. Buffalo
Tampa, FL 33607

Name of Employer

self-employed

Date (month,
day, year)

5/17/93

Amount of Each
Receipt this Period500.00
reattributedReceipt For ☐ Primary ☒ General
(Other specify)

Occupation

ophthalmologist

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Steven M. Christoff
3601 S.W. Fourth Avenue
Ocala, FL 34474

Name of Employer

self-employed

Date (month,
day, year)

6/03/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
(Other specify)

Occupation

restauranteur

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

David R. Clare
972 Lake House Drive
North Palm Beach, FL 33408

Name of Employer

n/a

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
(Other specify)

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Jim R. Clare
7439 E. Hillsborough Avenue
Tampa, FL 33610

Name of Employer

Pan Am Group

Date (month,
day, year)

3/15/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
(Other specify)

Occupation

OWNER

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Jim R. Clare
7439 E. Hillsborough Avenue
Tampa, FL 33610

Name of Employer

Pan Am Group

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
(Other specify)

Occupation

OWNER

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page
 Page 12 of 51
 FOR LHA 1010-116

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Arthur E. Teale, Jr. 2601 S. Bayshore Drive, Suite 1600 Miami, FL	Name of Employer information requested Date (month, day, year) 6/15/90 Amount of Each Receipt (this Period) 250.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested Aggregate Year-to-Date \$ 250.00
B. Full Name, Mailing Address and ZIP Code Michael A. Sandifer 2615 Forest Point Ct. Jacksonville, FL 32217	Name of Employer Cain & Buttsman, Inc. Date (month, day, year) 2/07/90 Amount of Each Receipt (this Period) 800.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation asset management Aggregate Year-to-Date \$ 800.00
C. Full Name, Mailing Address and ZIP Code William Oliver, Jr. 2625 Heron Lane, N. Clearwater, FL 34622	Name of Employer Ion Labs, Inc. Date (month, day, year) 4/26/90 Amount of Each Receipt (this Period) 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive Aggregate Year-to-Date \$ 400.00
D. Full Name, Mailing Address and ZIP Code F. J. Williams, M.D. 2695 Jenks Avenue Panama City, FL 32405	Name of Employer self-employed Date (month, day, year) 2/08/90 Amount of Each Receipt (this Period) 300.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician Aggregate Year-to-Date \$ 300.00
E. Full Name, Mailing Address and ZIP Code Paul M. Sallarulo 2708 N.E. 37th Drive Ft. Lauderdale, FL 33308	Name of Employer M.G.S.F. Date (month, day, year) 2/27/90 Amount of Each Receipt (this Period) 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation investment banker Aggregate Year-to-Date \$ 400.00
F. Full Name, Mailing Address and ZIP Code W. B. Copeland 2729 Forest Cr. Jacksonville, FL 32217	Name of Employer Ploos Truckings Date (month, day, year) 1/25/90 Amount of Each Receipt (this Period) 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Aggregate Year-to-Date \$ 400.00
G. Full Name, Mailing Address and ZIP Code Robert K. Boyle 2757 Bayou Blvd. Pensacola, FL 32503	Name of Employer Lewis Bear Co. Date (month, day, year) 1/25/90 Amount of Each Receipt (this Period) 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary/Treasurer Aggregate Year-to-Date \$ 400.00

SUBTOTAL of Receipts This Page (attach)

TOTAL This Period (see page 1010-116 for number only)

9000141743

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 11 OF 27
FORM LINE NUMBER 11a

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

NAME OF CONTRIBUTOR OR FUND

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Robert T. Shiroliff
3539 Golf Life Tower
Jacksonville, FL 32207

Name of Employer

Shiroliff & Assoc.

Date (month,
day, year)

10/05/90

Amount of Each
Receipt this Period

50.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

chairman

Aggregate Year-to-Date \$

300.00

B. Full Name, Mailing Address and ZIP Code

George H. Fries
235 Live Oak Road
Vero Beach, FL 32963

Name of Employer

Fries, Henderson, et al

Date (month,
day, year)

12/04/90

Amount of Each
Receipt this Period

100.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

500.00

C. Full Name, Mailing Address and ZIP Code

Norton Nelson
27 Mainstreet Place
Palm Coast, FL 32037

Name of Employer

N/A

Date (month,
day, year)

9/24/90

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Thomas F. Petway, III
2727 Atlantic Blvd.
Jacksonville, FL 32207

Name of Employer

Home Bldrs. Ins. Svcs

Date (month,
day, year)

8/03/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

insurance

Aggregate Year-to-Date \$

400.00

E. Full Name, Mailing Address and ZIP Code

W. S. Copeland
2729 Forest Cr.
Jacksonville, FL 32217

Name of Employer

Floco Truckings

Date (month,
day, year)

11/20/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

CEO

Aggregate Year-to-Date \$

800.00

F. Full Name, Mailing Address and ZIP Code

Robert K. Boyle
2757 Bayou Blvd.
Pensacola, FL 32503

Name of Employer

Lewis Bear Co.

Date (month,
day, year)

7/16/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

secretary/treasurer

Aggregate Year-to-Date \$

800.00

G. Full Name, Mailing Address and ZIP Code

Nancy C. Petri
2780 N.E. 9th Court
Pompano Beach, FL 33062

Name of Employer

Petris Pos. Pest Ctrl

Date (month,
day, year)

11/28/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

chairman

Aggregate Year-to-Date \$

800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 27 OF 71
FOR LINE NUMBER 118

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

W. B. Opelard
2729 Forest Cr.
Jacksonville, FL 32217
\$200 refund 1/22/92Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Floce Truckings

Date (month, day, year)

8/10/92

Amount of Each Receipt this Period

400.00

Occupation

CEO

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Benjamin E. Wright, M.D.
275 Salvador Square
Winter Park, FL 32789Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month, day, year)

10/20/92

Amount of Each Receipt this Period

250.00

Occupation

physician

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Eric Michaleen
2761 Dunsinane Road
Pensacola, FL 32503Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Citizens & Peoples

Date (month, day, year)

8/25/92

Amount of Each Receipt this Period

400.00

Occupation

banker

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

Eric Michaleen
2761 Dunsinane Road
Pensacola, FL 32503Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Citizens & Peoples

Date (month, day, year)

9/06/92

Amount of Each Receipt this Period

(200.00)
redesignated

Occupation

banker

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Eric Michaleen
2761 Dunsinane Road
Pensacola, FL 32503Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Citizens & Peoples

Date (month, day, year)

9/06/92

Amount of Each Receipt this Period

200.00
redesignated

Occupation

banker

Aggregate Year-to-Date > \$

400.00

F. Full Name, Mailing Address and ZIP Code

Harry C. Petri
2780 N.E. 9th Court
Pompano Beach, FL 33062Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Petris Pos. Post Ctrl

Date (month, day, year)

8/31/92

Amount of Each Receipt this Period

400.00

Occupation

Chairman

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

Harry C. Petri
2780 N.E. 9th Court
Pompano Beach, FL 33062Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Petris Pos. Post Ctrl

Date (month, day, year)

8/09/92

Amount of Each Receipt this Period

(400.00)
redesignated

Occupation

Chairman

Aggregate Year-to-Date > \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
P. O. BOX 1835
TAMPA, FLORIDA 33601-1835

3644

January 22 1993

83-26/31

PAY TO THE ORDER OF W.B. Copeland \$ 200.00

TWO HUNDRED AND NO/100 ----- DOLLARS

FIRST FLORIDA
FIRST FLORIDA BANK, N.A.
Hyde Park Office 003
801 West Platt Street
Tampa, Florida 33606

⑈003644⑈ ⑆063100264⑆ 400870393⑈

80 FRIENDS OF CONNIE MACK
1 PRIMARY ACCOUNT
6

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

DELUXE - FORM BVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

 Page 1 of 1
 Filing Date 1/22/93
 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SECTION A

FINANCIAL RECEIPTS

 The amounts contributed by each category of the
Detailed Summary Page

 PAGE 45 OF 59
FOR LINE NUMBER 11A

This information should be used to verify the accuracy of the information reported on the return and should not be used for any other purpose. It is the responsibility of the donor to provide accurate information.

NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

 Harry Walker
Boca Raton Hotel & Club, Villa 1431
Boca Raton, FL 33432

Name of Employer

n/a

Date (month, day, year)

10/19/89

Amount of Each Receipt this Period

250.00

Receipt For:

☐ Primary☒ General☐ Other (Specify):

Occupation

retired

Aggregate Year-to-Date > \$

350.00

B. Full Name, Mailing Address and ZIP Code

 D. E. Richardson
Box 370
Vero Beach, FL 32961

Name of Employer

self-employed

Date (month, day, year)

7/14/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☐ Primary☐ General☐ Other (Specify):

Occupation

agriculture

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

 John H. Quinn
Hartford Bldg., Suite 1270
Orlando, FL 32801

Name of Employer

self-employed

Date (month, day, year)

8/25/89

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (Specify):

Occupation

self-employed

Aggregate Year-to-Date > \$

330.00

D. Full Name, Mailing Address and ZIP Code

 Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Nat Asso Pro Baseball

Date (month, day, year)

11/08/89

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (Specify):

Occupation

attorney

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

 Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month, day, year)

7/06/89

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (Specify):

Occupation

community relations

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

 Jack C. Lynch
One Beach Drive, S.E., #1306
St. Petersburg, FL 33701

Name of Employer

information requested

Date (month, day, year)

12/04/89

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (Specify):

Occupation

information requested

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

 J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

WJB-Touchton Co.

Date (month, day, year)

6/21/89

Amount of Each Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (Specify):

Occupation

executive

Aggregate Year-to-Date > \$

330.00

CONTINUE, if Receipt This Page Reported

STOP, This Page Should Be the Last Page of the Return

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PA 1 39 51
11B

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 any other purpose, 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 NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. F. Hinkins 9425 Meadowood Drive Ft. Pierce, FL 34951	self-employed	6/08/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation real estate	Aggregate Year-to-Date \$ 400.00	
Other (specify):			
B. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	Winn Dixie	2/21/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CEO	Aggregate Year-to-Date \$ 400.00	
Other (specify):			
C. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701	Nat Asso Pro Baseball	4/18/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation attorney	Aggregate Year-to-Date \$ 330.00	
Other (specify):			
D. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701	n/a	5/30/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year-to-Date \$ 330.00	
Other (specify):			
E. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701	Wm. R. Hough & Co.	5/04/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation community relations	Aggregate Year-to-Date \$ 330.00	
Other (specify):			
F. Full Name, Mailing Address and ZIP Code Howard W. Nix, Jr. One Beach Drive, S.E., #2611 St. Petersburg, FL 33701	n/a	4/20/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year-to-Date \$ 330.00	
Other (specify):			
G. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	3/30/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation executive	Aggregate Year-to-Date \$ 330.00	
Other (specify):			

SUBTOTAL of Receipts On This Page (optional)

TOTAL This Period (last page this line number only)

9 4 6 3 0 9 17 51 07 2 0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 33 of 45
FOR LINE NUMBER 11a

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 RACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Murray H. Goodman 911 N. Ocean Blvd. Palm Beach, FL 33410	The Goodman Co.	4/18/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation developer	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert I. Watkins 95 Martinique Avenue Tampa, FL 33606	Robert Watkins & Co.	2/05/91	340.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation C.P.A.	Aggregate Year-to-Date \$ 340.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Edward Slinsey 951 De Sota Road, Apt. 433 Boca Raton, FL 33432	Dilworth Paxson et al	4/26/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation attorney	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. Thomas 9905 Clint Moore Road Boca Raton, FL 33496	self-employed	4/05/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation farmer	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James T. Estes Box 26 Cantonment, FL 32533	self-employed	2/14/91	300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation timber	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 \$60 refund 7/22/91	Nat Asso Pro Baseball	1/25/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation attorney	Aggregate Year-to-Date \$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 \$290 refund 7/22/91	n/a	1/30/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page
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 FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

James E. Davis
 Drawer B, West Bay Station
 Jacksonville, FL 32203
 \$300 refunded 7/27/92

Receipt For ☐ Other (specify) ☒ General

Name of Employer

Winn Dixie

Date (month, day, year)

5/15/92

Amount of Each Receipt this Period

\$10.00

Occupation

Aggregate Year-to-Date \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
 One Beach Drive, #1409
 St. Petersburg, FL 33701

Receipt For ☐ Other (specify) ☒ General

Name of Employer

Wood & Crist

Date (month, day, year)

1/13/92

Amount of Each Receipt this Period

330.00

Occupation

attorney
Aggregate Year-to-Date \$ 330.00

C. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
 One Beach Drive, Apt. 2702
 St. Petersburg, FL 33701

Receipt For ☐ Other (specify) ☒ General

Name of Employer

n/a

Date (month, day, year)

2/11/92

Amount of Each Receipt this Period

250.00

Occupation

retired
Aggregate Year-to-Date \$ 330.00

D. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
 One Beach Drive, Apt. 2702
 St. Petersburg, FL 33701

Receipt For ☐ Other (specify) ☒ General

Name of Employer

n/a

Date (month, day, year)

3/04/92

Amount of Each Receipt this Period

80.00

Occupation

retired
Aggregate Year-to-Date \$ 330.00

E. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
 One Beach Drive, S.E., #1002
 St. Petersburg, FL 33701
 \$320 refunded 7/27/92

Receipt For ☒ Primary ☐ General

Name of Employer

Wm. R. Hough & Co.

Date (month, day, year)

2/26/92

Amount of Each Receipt this Period

330.00

Occupation

community relations
Aggregate Year-to-Date \$ 330.00

F. Full Name, Mailing Address and ZIP Code

Rosemary Galbraith
 One Beach Drive, S.E., #1802
 St. Petersburg, FL 33701

Receipt For ☒ Primary ☐ General

Name of Employer

Templeton Mutual Fund

Date (month, day, year)

4/21/92

Amount of Each Receipt this Period

700.00

Occupation

mutual funds
Aggregate Year-to-Date \$ 700.00

G. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
 One City Center, Suite 3250
 Tampa, FL 33602
 \$320 refunded 7/27/92

Receipt For ☒ Primary ☐ General

Name of Employer

Witt-Touchton Co.

Date (month, day, year)

2/28/92

Amount of Each Receipt this Period

330.00

Occupation

executive
Aggregate Year-to-Date \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Theodore B. Crews
7701 Salerno Court
Ft. Pierce, FL 34951

Name of Employer

n/a

Date (month,
day, year)

3/01/93

Amount of Each
Receipt this Period

50.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Theodore B. Crews
7701 Salerno Court
Ft. Pierce, FL 34951

Name of Employer

n/a

Date (month,
day, year)

4/02/93

Amount of Each
Receipt this Period

50.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

400.00

C. Full Name, Mailing Address and ZIP Code

Theodore B. Crews
7701 Salerno Court
Ft. Pierce, FL 34951

Name of Employer

n/a

Date (month,
day, year)

5/06/93

Amount of Each
Receipt this Period

100.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

Theodore B. Crews
7701 Salerno Court
Ft. Pierce, FL 34951

Name of Employer

n/a

Date (month,
day, year)

6/17/93

Amount of Each
Receipt this Period

100.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Wood & Crist

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Wood & Crist

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period(250.00)
redesignated

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Wood & Crist

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period250.00
redesignated

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER 118

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Name of Employer Langley Co.	Date (month, day, year) 2/05/90	Amount of Each Receipt this Period 800.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation investments Aggregate Year-to-Date \$ 750.00		
B. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308	Name of Employer n/a	Date (month, day, year) 2/12/90	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation retired Aggregate Year-to-Date \$ 400.00		
C. Full Name, Mailing Address and ZIP Code O. John Anderson 380 Island Creek Drive Vero Beach, FL 32960	Name of Employer self-employed	Date (month, day, year) 6/28/90	Amount of Each Receipt this Period 250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation financial consultant Aggregate Year-to-Date \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Sigrid E. Tidmore 3809 Corona Street Tampa, FL 33629	Name of Employer Markstech	Date (month, day, year) 2/14/90	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation president Aggregate Year-to-Date \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	Name of Employer information requested	Date (month, day, year) 2/01/90	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation information requested Aggregate Year-to-Date \$ 400.00		
F. Full Name, Mailing Address and ZIP Code Kenneth D. Krier 3840 White Pine Way Naples, FL 33940	Name of Employer Cummings & Lockwood	Date (month, day, year) 4/06/90	Amount of Each Receipt this Period 750.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation attorney Aggregate Year-to-Date \$ 875.00		
G. Full Name, Mailing Address and ZIP Code Lyle Charbonnet, III 3901 Braganza Avenue Coconut Grove, FL 33133	Name of Employer information requested	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 150.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Occupation real estate Aggregate Year-to-Date \$ 900.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

E. Robert Langley, Jr.
3733 University Blvd. W., Suite 208
Jacksonville, FL 32217

Name of Employer

Langley Co.

Date (month, day, year)

1/28/91

Amount of Each Receipt this Period

400.00

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

Occupation

Investments
Aggregate Year-to-Date > \$ 400.00

B. Full Name, Mailing Address and ZIP Code

Vernon E. Crossall
3750 Galt Ocean Drive, Apt. 11006
Ft. Lauderdale, FL 33308

Name of Employer

n/a

Date (month, day, year)

2/14/91

Amount of Each Receipt this Period

400.00

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

Occupation

retired
Aggregate Year-to-Date > \$ 400.00

C. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
3820 Hopkins Street
Pensacola, FL 32505

Name of Employer

Precision Machining

Date (month, day, year)

1/14/91

Amount of Each Receipt this Period

400.00

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

Occupation

vice-president
Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

Carl H. Pforzheimer, Jr.
3884 S.E. Old St. Lucie Blvd.
Stuart, FL 34996

Name of Employer

n/a

Date (month, day, year)

3/05/91

Amount of Each Receipt this Period

250.00

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

Occupation

retired
Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code

Eleanor D. Cosgrove
3900 Gordon Dr.
Naples, FL 33940

Name of Employer

n/a

Date (month, day, year)

2/28/91

Amount of Each Receipt this Period

250.00

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

Occupation

retired
Aggregate Year-to-Date > \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Douglas K. Raborn
40 Country Road, South
Village of Colf, FL 33436

Name of Employer

information requested

Date (month, day, year)

5/23/91

Amount of Each Receipt this Period

900.00

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

Occupation

information requested
Aggregate Year-to-Date > \$ 900.00

G. Full Name, Mailing Address and ZIP Code

M. J. Fleming
4080 Dunwoody Drive
Pensacola, FL 32503

Name of Employer

Shell, Fleming, et al

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

400.00

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

Occupation

attorney
Aggregate Year-to-Date > \$ 800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Malin 3551 N.W. 16th Street Miami, FL 33167	TAP, Inc. Occupation <u>president</u> Aggregate Year-to-Date \$ 500.00	9/26/91	500.00
B. Full Name, Mailing Address and ZIP Code Alan Weinraub 3700 Pinetree Dr. Miami Beach, FL 33140	self-employed Occupation <u>attorney</u> Aggregate Year-to-Date \$ 250.00	11/21/91	250.00
C. Full Name, Mailing Address and ZIP Code Marie L. Walton 371 Woodbine Drive Pensacola, FL 32503	information requested Occupation <u>information requested</u> Aggregate Year-to-Date \$ 400.00	8/28/91	400.00
D. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308	n/a Occupation <u>retired</u> Aggregate Year-to-Date \$ 450.00	12/30/91	50.00
E. Full Name, Mailing Address and ZIP Code John W. Schmitz 3750 N.W. 87th Avenue, Suite 600 Miami, FL 33178	Schmitz Realty Occupation <u>realtor</u> Aggregate Year-to-Date \$ 500.00	10/29/91	500.00
F. Full Name, Mailing Address and ZIP Code Carolyn R. Lavender 3775 Forest Drive Middleburg, FL 32068	n/a Occupation <u>homemaker</u> Aggregate Year-to-Date \$ 330.00	8/05/91	165.00
G. Full Name, Mailing Address and ZIP Code Carolyn R. Lavender 3775 Forest Drive Middleburg, FL 32068	n/a Occupation <u>homemaker</u> Aggregate Year-to-Date \$ 330.00	10/11/91	165.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Neal, Jr. 3701 Cortez Rd. Bradenton, FL 34210	n/a	6/26/92	500.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year-to-Date > \$	1,000.00
B. Full Name, Mailing Address and ZIP Code Catherine Y. Walton 371 Woodbine Pensacola, FL 32503	n/a	3/10/92	400.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation housewife	Aggregate Year-to-Date > \$	400.00
C. Full Name, Mailing Address and ZIP Code Catherine Y. Walton 371 Woodbine Pensacola, FL 32503	n/a	3/19/92	(200.00) redesignated
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation housewife	Aggregate Year-to-Date > \$	400.00
D. Full Name, Mailing Address and ZIP Code Catherine Y. Walton 371 Woodbine Pensacola, FL 32503	n/a	3/19/92	200.00 redesignated
Receipt For <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation housewife	Aggregate Year-to-Date > \$	400.00
E. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	5/15/92	500.00
Receipt For <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation investments	Aggregate Year-to-Date > \$	500.00
F. Full Name, Mailing Address and ZIP Code Ronald S. Freedman 375 Eight Avenue, S., #C Naples, FL 33940	Pin. Funding Group	1/27/92	250.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation mortgage banker	Aggregate Year-to-Date > \$	250.00
G. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308	n/a	2/19/92	250.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation retired	Aggregate Year-to-Date > \$	400.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vernon E. Crossell 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308 \$275 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	n/a Occupation retired Aggregate Year-to-Date \$	3/03/92 400.00	150.00
O. John Anderson 380 Island Creek Drive Vero Beach, FL 32960 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation financial consultant Aggregate Year-to-Date \$	2/04/92 250.00	250.00
Louis A. Beecharl, Jr. 3801 Beverly Drive Dallas, TX 75205 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation investor Aggregate Year-to-Date \$	5/29/92 500.00	500.00
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Precision Machining Occupation vice-president Aggregate Year-to-Date \$	1/27/92 400.00	300.00
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505 \$200 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Precision Machining Occupation vice-president Aggregate Year-to-Date \$	5/01/92 400.00	100.00
Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd. Stuart, FL 34996 \$150 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	n/a Occupation retired Aggregate Year-to-Date \$	3/23/92 250.00	250.00
Robert Carver Cosgrove 3900 Gordon Dr. Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	n/a Occupation retired Aggregate Year-to-Date \$	1/17/92 900.00	250.00

94030975029

9 2 0 2 0 1 7 3 1 4 8

Attachment # 12F

FRIENDS OF CONNIE MACK**3357**

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

July 27, 1992

05-25/92

PAY TO THE
ORDER OF

Vernon E. Crosell

\$ 275.00

TWO HUNDRED SEVENTY FIVE AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, N.A.
State Park Office, 200
S.W. 1st St., Suite 200
Tampa, Florida 33601

⑆003357⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM BVCP-3 1-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$275.00

9 4 0 3 0 9 7 5 0 3 0
9 4 0 3 0 1 7 3 1 4 8

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule
for each category of the
Detailed Summary Page

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118

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 any other political purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Agnelli 373 Bay Meadows Drive Naples, FL 33962	information requested	8/04/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation developer	Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Vernon E. Crossell 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308 \$50 refund 1/22/93	Name of Emp n/a	Date (month, day, year) 7/27/92	Amount of Each Receipt this Period 50.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 450.00	
C. Full Name, Mailing Address and ZIP Code Vernon E. Crossell 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308	Name of Employer n/a	Date (month, day, year) 8/25/92	Amount of Each Receipt this Period 275.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 450.00	
D. Full Name, Mailing Address and ZIP Code John W. Schmitz 3750 N.W. 87th Avenue, Suite 600 Miami, FL 33178 \$25 refund 1/22/93	Name of Employer Schmitz Realty	Date (month, day, year) 12/18/92	Amount of Each Receipt this Period 500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation realtor	Aggregate Year-to-Date \$ 300.00	
E. Full Name, Mailing Address and ZIP Code Kenneth Curtis 3785 Ft. Denaud Road La Belle, FL 33935	Name of Employer Hendry County Bank	Date (month, day, year) 10/19/92	Amount of Each Receipt this Period 100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation bank officer	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code Kenneth Curtis 3785 Ft. Denaud Road La Belle, FL 33935	Name of Employer Hendry County Bank	Date (month, day, year) 10/23/92	Amount of Each Receipt this Period 100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation bank officer	Aggregate Year-to-Date \$ 300.00	
G. Full Name, Mailing Address and ZIP Code J. Michael Harnish 3800 Wimbleton Drive Lake Mary, FL 32746	Name of Employer information requested	Date (month, day, year) 12/14/92	Amount of Each Receipt this Period 300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation Marketing	Aggregate Year-to-Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
P. O. BOX 1835
TAMPA, FLORIDA 33601-1835

3646

January 22 1993

83-26/31

PAY TO THE ORDER OF Vernon E. Crosell \$ 50.00

FIFTY AND NO/100 ----- DOLLARS

FIRST FLORIDA
FIRST FLORIDA BANK, S.A.
Hyde Park Office 000
801 West Platt Street
Tampa, Florida 33608

⑆003646⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$50.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 8 9
 FOR LINE NUMBER 208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Scott F. Lutgert 4200 Gulfshore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Shella M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #68 Jacksonville FL 32204	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32203	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 1598 Sarasota, FL 34239	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 330.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

Page 1 of 8
Form No. 12J
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category, if the Detailed Summary Page

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE In Full

FRIENDS OF CONNIE HICK

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Joseph R. Rappert 281 Costanera Road Coral Gables, FL 33143</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Amerifirst Mortgage</p> <p>Occupation</p> <p>banker</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>3/03/89</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>David Klier 281 SE 18th Ave. Deerfield Beach, FL 33441</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>M & W Pump</p> <p>Occupation</p> <p>president</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>3/23/89</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>self-employed</p> <p>Occupation</p> <p>physician</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>1/08/89</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>self-employed</p> <p>Occupation</p> <p>physician</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>2/21/89</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>L. W. Montarus 2908 Plantation Road Winter Haven, FL 33884</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Orange Co., Inc.</p> <p>Occupation</p> <p>resident</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>3/02/89</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Charles J. Crist, M.D. 3 Brightwaters Cr., N.E. St. Petersburg, FL 33704</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>information requested</p> <p>Occupation</p> <p>physician</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>4/20/89</p>	<p>Amount of Each Receipt this Period</p> <p>330.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Martin Galasso 30 Davies Lane Cobleskill, NY 12043</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Lancaster Development</p> <p>Occupation</p> <p>construction</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>3/17/89</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page only)

The amount shown on this page is the amount of the tax liability for the period shown on the return.	Page 13 of 51
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Information shown on this page is for informational purposes only. It is not to be used for any other purpose. The amount shown on this page is the amount of the tax liability for the period shown on the return.

RECEIPTS OF COMPOSITE INCOME

A. Full Name, Mailing Address and ZIP Code Colleen E. Hunsick 1750-A Byron Place Clearwater, FL 34628	Name of Employer self-employed	Date (month, day, year) 4/23/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation accountant	Aggregate Year-to-Date > \$	400.00
B. Full Name, Mailing Address and ZIP Code Eric Nicholson 2741 Dunsmuir Road Pensacola, FL 32503	Name of Employer Citizens & Peoples	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation barber	Aggregate Year-to-Date > \$	400.00
C. Full Name, Mailing Address and ZIP Code Henry C. Petri 2700 N.E. 9th Court Pompano Beach, FL 33062	Name of Employer Petris Pos. Post Ctr	Date (month, day, year) 2/14/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation chairman	Aggregate Year-to-Date > \$	400.00
D. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	Name of Employer self-employed	Date (month, day, year) 4/10/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation ophthalmologist	Aggregate Year-to-Date > \$	330.00
E. Full Name, Mailing Address and ZIP Code George T. Richards, M.D. 2824 NE 30th St. Ft. Lauderdale, FL 33308	Name of Employer self-employed	Date (month, day, year) 4/16/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation physician	Aggregate Year-to-Date > \$	400.00
F. Full Name, Mailing Address and ZIP Code J. R. Barrick 2882 Whisper Bay Blvd. Gulf Breeze, FL 32561	Name of Employer Pensacola Aviation	Date (month, day, year) 1/08/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation aircraft dealer	Aggregate Year-to-Date > \$	400.00
G. Full Name, Mailing Address and ZIP Code Jack D. Scroggs 2900 20th Street Vero Beach, FL 32960	Name of Employer self-employed	Date (month, day, year) 2/01/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation aircraft dealer	Aggregate Year-to-Date > \$	400.00

SUBTOTAL of Receipts This Page (Include)

TOTAL This Period (Not page this the number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 116

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry C. Petri 2780 N.E. 9th Court Pompano Beach, FL 33062	Petris Pos. Post Ctrl	5/06/91	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chairman Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	self-employed	1/30/91	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ophthalmologist Aggregate Year-to-Date > \$ 330.00		
C. Full Name, Mailing Address and ZIP Code George T. Edwards, M.D. 2634 NE 38th St. Ft. Lauderdale, FL 33308	self-employed	1/02/91	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: physician Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code L. W. Mortanus 2908 Plantation Road Winter Haven, FL 33884	Orange Co., Inc.	2/21/91	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: president Aggregate Year-to-Date > \$ 330.00		
E. Full Name, Mailing Address and ZIP Code Garnsey C. Cline 2950 Polo Drive Gulfstream, FL 33483	n/a	4/22/91	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Nancy Weinberger 2999 Date Palm Road Boca Raton, FL 33432	self-employed	1/31/91	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: writer Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code Nancy Weinberger 2999 Date Palm Road Boca Raton, FL 33432	self-employed	5/02/91	90.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: writer Aggregate Year-to-Date > \$ 490.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert K. Anspach 2760 N.W. 29th Drive Boca Raton, FL 33434 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation commodities trader Aggregate Year-to-Date \$	5/26/92	200.00
B. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607 \$490 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation ophthalmologist Aggregate Year-to-Date \$	2/04/92	500.00
C. Full Name, Mailing Address and ZIP Code David Eller 281 SE 18th Ave. Deerfield Beach, FL 33441 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	M & W Pump Occupation president Aggregate Year-to-Date \$	3/06/92	250.00
D. Full Name, Mailing Address and ZIP Code George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308 \$250 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation physician Aggregate Year-to-Date \$	3/03/92	400.00
E. Full Name, Mailing Address and ZIP Code Jorge M. Perez 2828 Coral Way, #PH Miami, FL 33145 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	information requested Occupation information requested Aggregate Year-to-Date \$	4/08/92	500.00
F. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Risser Oil Corp. Occupation OSO Aggregate Year-to-Date \$	3/11/92	10.00
G. Full Name, Mailing Address and ZIP Code P. N. Risser, III 2865 Executive Drive Clearwater, FL 34622 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Risser Oil Corp. Occupation OSO Aggregate Year-to-Date \$	3/11/92	320.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9403097503806

9 2 2 0 1 7 3 1 4 9

Attachment # 13E

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT
 P. O. BOX 1886
 TAMPA, FLORIDA 33601-1886

3358

July 27, 92

88-26/531

PAY TO THE ORDER OF George T. Edwards, M.D. \$ 250.00

TWO HUNDRED FIFTY AND NO/100 ----- DOLLARS

FIRST FLORIDA
 First Florida Bank, S.A.
 Main Bank Office: 600
 201 West Palm Street
 Tampa, Florida 33602



#003358# ⑆063100264⑆ 400870393#

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY AND RECEIPT DESIRED

DELUXE - FORM BYCPS V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

24030933949

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule B
for each category of the
Detailed Summary PagePAGE
3 9
FOR LINE NUMBER

20a

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 HACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred L. MacLeod P. O. Box 5683 Orlando, FL 32805	contribution refund Disbursement for Primary General Other (specify)	7/27/92	320.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813	contribution refund Disbursement for Primary General Other (specify)	7/27/92	290.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308	contribution refund Disbursement for Primary General Other (specify)	7/27/92	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830	contribution refund Disbursement for Primary General Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701	contribution refund Disbursement for Primary General Other (specify)	7/27/92	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704	contribution refund Disbursement for Primary General Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Herbert E. Ehlers 3 Harborside Belleair, FL 34616	contribution refund Disbursement for Primary General Other (specify)	7/27/92	450.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hymen Lake 7388 Chancery Lane Orlando, FL 32809	contribution refund Disbursement for Primary General Other (specify)	7/27/92	220.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hy Solomon 2200 N. Dixie Highway Hollywood, FL 33020	contribution refund Disbursement for Primary General Other (specify)	7/27/92	50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Furia Inc. Post Off		8/04/98	600.00 redesignated
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
self-employed		8/19/98	250.00
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
information requested		11/23/98	250.00
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
self-employed		9/25/98	250.00
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
self-employed		10/28/98	100.00
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
self-employed		12/28/98	250.00
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
n/a		10/14/98	50.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL, This Period (fill page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Attachment #13H

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

PAGE 83 OF 331
FOR LINE NUMBER 118

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 campaign purposes other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
3/01/93

Amount of Each
Receipt this Period
200.00

Occupation

property management

Aggregate Year-to-Date \$ **600.00**

B. Full Name, Mailing Address and ZIP Code
William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
3/17/93

Amount of Each
Receipt this Period
(400.00)
redesignated

Occupation

property management

Aggregate Year-to-Date \$ **600.00**

C. Full Name, Mailing Address and ZIP Code
William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
3/17/93

Amount of Each
Receipt this Period
400.00
redesignated

Occupation

property management

Aggregate Year-to-Date \$ **600.00**

D. Full Name, Mailing Address and ZIP Code
William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
4/15/93

Amount of Each
Receipt this Period
(200.00)
redesignated

Occupation

property management

Aggregate Year-to-Date \$ **600.00**

E. Full Name, Mailing Address and ZIP Code
William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
4/15/93

Amount of Each
Receipt this Period
200.00
redesignated

Occupation

property management

Aggregate Year-to-Date \$ **600.00**

F. Full Name, Mailing Address and ZIP Code
George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
2/26/93

Amount of Each
Receipt this Period
400.00

Occupation

physician

Aggregate Year-to-Date \$ **400.00**

G. Full Name, Mailing Address and ZIP Code
George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)
3/14/93

Amount of Each
Receipt this Period
(400.00)
redesignated

Occupation

physician

Aggregate Year-to-Date \$ **400.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030875042

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 84 OF 331
FOR LINE NUMBER 11a

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 campaign or political 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 NACK

A. Full Name, Mailing Address and ZIP Code

George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Name of Employer

self-employed

Date (month,
day, year)

3/14/93

Amount of Each
Receipt this Period400.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

David Efron
P. O. Box 29314
Rio Piedras, PR 00929

Name of Employer

self-employed

Date (month,
day, year)

6/29/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Madleini Efron
P. O. Box 29314
Rio Piedras, PR 00929

Name of Employer

self-employed

Date (month,
day, year)

6/29/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Michael S. Egan
1575 Ponce de Leon
Ft. Lauderdale, FL 33316
\$300 refund 7/23/93

Name of Employer

Alamo Rent A Car

Date (month,
day, year)

6/02/93

Amount of Each
Receipt this Period

500.00

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

Occupation

CEO

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

1/28/93

Amount of Each
Receipt this Period

400.00

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

Occupation

president

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

2/08/93

Amount of Each
Receipt this Period(400.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

2/08/93

Amount of Each
Receipt this Period400.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030875903

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 8 27
FORM LINE NUMBER 11a

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 other 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 NACK

A. Full Name, Mailing Address and ZIP Code

Guy M. Burns
201 E. Kennedy Blvd., Suite 1700
Tampa, FL 33602Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Johnson, Blakley et al

Date (month,
day, year)

8/08/90

Amount of Each
Receipt this Period

\$ 330.00

Occupation

attorney

Aggregate Year to Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

Douglas L. Stringer, M.D.
2011 North Harrison Avenue
Panama City, FL 32405Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

8/20/90

Amount of Each
Receipt this Period

\$ 160.00

Occupation

physician

Aggregate Year to Date \$

830.00

C. Full Name, Mailing Address and ZIP Code

Douglas L. Stringer, M.D.
2011 North Harrison Avenue
Panama City, FL 32405Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

8/20/90

Amount of Each
Receipt this Period

\$ 140.00

Occupation

physician

Aggregate Year to Date \$

830.00

D. Full Name, Mailing Address and ZIP Code

Riazul H. Inami, M.D.
2118 Aaron St.
Port Charlotte, FL 33052Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Peth Services, Inc.

Date (month,
day, year)

11/19/90

Amount of Each
Receipt this Period

\$ 50.00

Occupation

physician

Aggregate Year to Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

William P. Edwards
213 1st Street, North
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

7/05/90

Amount of Each
Receipt this Period

\$ 250.00

Occupation

property management

Aggregate Year to Date \$

650.00

F. Full Name, Mailing Address and ZIP Code

William P. Edwards
213 1st Street, North
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

10/30/90

Amount of Each
Receipt this Period

\$ 400.00

Occupation

property management

Aggregate Year to Date \$

650.00

G. Full Name, Mailing Address and ZIP Code

Richard H. Robinson
219 Flame Avenue
Maitland, FL 32751Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Gray, Harris et al

Date (month,
day, year)

11/29/90

Amount of Each
Receipt this Period

\$ 330.00

Occupation

attorney

Aggregate Year to Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 45
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

<p>A. Full Name, Mailing Address and ZIP Code Stuart L. Schraga 210 Wallis Road Palm Beach, FL 33480</p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>	<p>Name of Employer Blu-Aqua Equities</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date \$ 500.00</p>	<p>Date (month, day, year) 4/15/91</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code C. Parkhill Mays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Holland & Knight</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date \$ 330.00</p>	<p>Date (month, day, year) 5/23/91</p> <p>Amount of Each Receipt this Period 330.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William P. Edwards 213 1st Street, North St. Petersburg, FL 33701 \$50 refund 7/22/91</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer self-employed</p> <p>Occupation property management</p> <p>Aggregate Year-to-Date \$ 400.00</p>	<p>Date (month, day, year) 2/08/91</p> <p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code James Batmesian 215 N. Federal Highway, Suite 1 Boca Raton, FL 33432</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer information requested</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date \$ 500.00</p>	<p>Date (month, day, year) 4/23/91</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Edward Mazur, Jr. 2130 Centerview Court, N. Clearwater, FL 32619</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer King Engineering</p> <p>Occupation consulting eng.</p> <p>Aggregate Year-to-Date \$ 330.00</p>	<p>Date (month, day, year) 1/02/91</p> <p>Amount of Each Receipt this Period 330.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard N. Fairbanks 22 E. Snapper Point Key Largo, FL 33037</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer Fairbanks Comm., Inc.</p> <p>Occupation broadcasting</p> <p>Aggregate Year-to-Date \$ 500.00</p>	<p>Date (month, day, year) 2/14/91</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Henry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704</p> <p>Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer self-employed</p> <p>Occupation investor</p> <p>Aggregate Year-to-Date \$ 330.00</p>	<p>Date (month, day, year) 2/15/91</p> <p>Amount of Each Receipt this Period 330.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 63 OF 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Philip F. Searle
5443 Ridgewood Drive
Naples, FL 33963Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Sun Banks, Inc.

Date (month, day, year)

2/06/92

Amount of Each Receipt this Period

250.00

Occupation

consultant

Aggregate Year-to-Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

Philip F. Searle
5443 Ridgewood Drive
Naples, FL 33963Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Sun Banks, Inc.

Date (month, day, year)

3/02/92

Amount of Each Receipt this Period

150.00

Occupation

consultant

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

J. B. Lumpkins
5467 Pearwood Drive
Jacksonville, FL 32211Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Date (month, day, year)

1/31/92

Amount of Each Receipt this Period

200.00

Occupation

retired

Aggregate Year-to-Date \$

300.00

D. Full Name, Mailing Address and ZIP Code

J. B. Lumpkins
5467 Pearwood Drive
Jacksonville, FL 32211Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Date (month, day, year)

4/02/92

Amount of Each Receipt this Period

100.00

Occupation

retired

Aggregate Year-to-Date \$

300.00

E. Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

self-employed

Date (month, day, year)

3/19/92

Amount of Each Receipt this Period

400.00

Occupation

property management

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Vithal D. Kardani, M.D.
547 Oakcreek Drive
Brandon, FL 33511Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Date (month, day, year)

6/22/92

Amount of Each Receipt this Period

250.00

Occupation

physician

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

L. E. Palmer
550 Admiralty Parade, West
Naples, FL 33940Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Date (month, day, year)

1/17/92

Amount of Each Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975046
9300173093

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 14D

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309750067

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 83 of 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month,
day, year)

3/01/93

Amount of Each
Receipt this Period

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

property management

Aggregate Year-to-Date > \$

600.00

B Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month,
day, year)

3/17/93

Amount of Each
Receipt this Period(400.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

property management

Aggregate Year-to-Date > \$

600.00

C Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month,
day, year)

3/17/93

Amount of Each
Receipt this Period400.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

property management

Aggregate Year-to-Date > \$

600.00

D Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month,
day, year)

4/15/93

Amount of Each
Receipt this Period(200.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

property management

Aggregate Year-to-Date > \$

600.00

E Full Name, Mailing Address and ZIP Code

William P. Edwards
547 First Street, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month,
day, year)

4/15/93

Amount of Each
Receipt this Period200.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

property management

Aggregate Year-to-Date > \$

600.00

F Full Name, Mailing Address and ZIP Code

George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Name of Employer

self-employed

Date (month,
day, year)

2/26/93

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

400.00

G Full Name, Mailing Address and ZIP Code

George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Name of Employer

self-employed

Date (month,
day, year)

3/14/93

Amount of Each
Receipt this Period(400.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030875048

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 12 OF 27
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Joseph T. Steuer
2900 14th Street, North
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

10/10/90

Amount of Each
Receipt this Period

125.00

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

Occupation

retired

Aggregate Year-to-Date > \$

250.00

B. Full Name, Mailing Address and ZIP Code

Josephine S. Sturgis
2900 20th Street
Vero Beach, FL 32960

Name of Employer

information requested

Date (month,
day, year)

11/28/90

Amount of Each
Receipt this Period

400.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

400.00

C. Full Name, Mailing Address and ZIP Code

Ronald H. Foster
2900 Hartley Road
Jacksonville, FL 32217

Name of Employer

The Stellar Group

Date (month,
day, year)

12/11/90

Amount of Each
Receipt this Period

400.00

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

Occupation

president

Aggregate Year-to-Date > \$

800.00

D. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

information requested

Date (month,
day, year)

7/27/90

Amount of Each
Receipt this Period

400.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

450.00

E. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

information requested

Date (month,
day, year)

10/22/90

Amount of Each
Receipt this Period

50.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

450.00

F. Full Name, Mailing Address and ZIP Code

Donald L. Segur
3020 Regatta Road
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

7/16/90

Amount of Each
Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Leonard Pepper
310 West Jefferson Street
Tallahassee, FL 32301

Name of Employer

information requested

Date (month,
day, year)

10/17/90

Amount of Each
Receipt this Period

70.00

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

Occupation

lawyer

Aggregate Year-to-Date > \$

580.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 14 OF 45
FOR FILING NUMBER 118

Any information reported from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for soliciting or 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 NACK

A. Full Name, Mailing Address and ZIP Code

Gregory Freilinger
2099 Date Palm Road
Boca Raton, FL 33432Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

5/02/91

Amount of 1st Payment this Period

500.00

Occupation

writer

Aggregate Year-to-Date \$

850.00

B. Full Name, Mailing Address and ZIP Code

Charles J. Crist, M.D.
3 Brightwaters Cr., N.E.
St. Petersburg, FL 33704Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

1/30/91

Amount of 1st Payment this Period

110.00

Occupation

physician

Aggregate Year-to-Date \$

120.00

C. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Eagle Asset Mgmt.

Date (month, day, year)

1/30/91

Amount of 1st Payment this Period

400.00

Occupation

president

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Eagle Asset Mgmt.

Date (month, day, year)

2/13/91

Amount of 1st Payment this Period

100.00

Occupation

president

Aggregate Year-to-Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

J. R. Donnell
300 Parc Monceau
Palm Beach, FL 33480Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

2/22/91

Amount of 1st Payment this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

J. R. Donnell
300 Parc Monceau
Palm Beach, FL 33480Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

4/09/91

Amount of 1st Payment this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Rita Dumas Baroco
3000 Blackshear Avenue
Pensacola, FL 32503Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

1/11/91

Amount of 1st Payment this Period

600.00

Occupation

none

Aggregate Year-to-Date \$

600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (list page this line number only)

94030975050

SCHEDULE A

ITEMIZED RECEIPTS

(Use this schedule for each receipt of the Detailed Summary Page)

PAGE 37 110
FORM LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betsy Freiburger 2999 Date Palm Road Boca Raton, FL 33432 \$150 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other specify)	self-employed Occupation writer Aggregate Year to Date \$	6/19/92	400.00
B Roy T. Englert information requested Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other specify)	information requested Occupation information requested Aggregate Year to Date \$	1/27/92	250.00
C Nancy L. Crist 3 Brightwater Circle, N.E. St. Petersburg, FL 33704 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other specify)	n/a Occupation none Aggregate Year to Date \$	2/06/92	130.00
D Herbert E. Ehlers 3 Harborside Belleair, FL 34616 \$450 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other specify)	Eagle Asset Mgmt. Occupation president Aggregate Year to Date \$	1/31/92	500.00
E J. R. Donnell 300 Parc Monceau Palm Beach, FL 33480 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (Other specify)	n/a Occupation retired Aggregate Year to Date \$	3/06/92	500.00
F Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (Other specify)	n/a Occupation none Aggregate Year to Date \$	3/23/92	200.00
G Rita Dukes Baroco 3000 Blackshear Avenue Pensacola, FL 32503 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other specify)	n/a Occupation none Aggregate Year to Date \$	3/23/92	200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 5 0

Attachment # 15D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

3359

July 27, 1992

88-25/531

PAY TO THE
ORDER OF

Herbert E. Ehlers

\$450.00

FOUR HUNDRED FIFTY AND NO/100 ----- DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank of America Building
201 West Park Avenue
Tampa, Florida 33606

⑆003359⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM BVCP-8 1/3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$450.00

9 4 0 3 0 9 7 5 0 5 2
9 2 0 1 7 3 1 5 0

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule B
 for each category of the
 Detailed Summary Page

 PAGE 9
 FOR LINE NUMBER

208

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 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 HACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred L. MacLeod P. O. Box 5683 Orlando, FL 32805	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	290.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Herbert E. Ehlers 3 Harborside Belleair, FL 34616	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hymen Lake 7188 Chancery Lane Orlando, FL 32809	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hy Solomon 2200 W. Dixie Highway Hollywood, FL 33020	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Florida Lottery

Form LINE NUMBER
118

This form is to be used by the Lottery and its agents for the purpose of collecting contributions or for payment of prizes. It is not to be used for any other purpose and it is not to be used to collect contributions from non-residents.

Name of Contributor

NAME OF CONTRIBUTOR

Full Name, Mailing Address and ZIP Code

John C. Smith
2014 E. Boulevard
Tampa, FL 33601

Name of Employer

Information requested

Date (month, day, year)
3/12/92Amount of Each
Receipt this Period
250.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date \$ 250.00

Full Name, Mailing Address and ZIP Code

Richard Eickbush, M.D.
2914 E. Boulevard
Tampa, FL 33602

Name of Employer

Information requested

Date (month, day, year)
12/21/92Amount of Each
Receipt this Period
100.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Physician

Aggregate Year-to-Date \$ 300.00

Full Name, Mailing Address and ZIP Code

Dennis G. King
2915 Martha Street
Miami, FL 33133

Name of Employer

Dennis G. King, P.A.

Date (month, day, year)
7/30/92Amount of Each
Receipt this Period
250.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Attorney

Aggregate Year-to-Date \$ 500.00

Full Name, Mailing Address and ZIP Code

John H. Horton
2919 Highway 77, #336
Punta City, FL 32405

Name of Employer

n/a

Date (month, day, year)
11/03/92Amount of Each
Receipt this Period
52.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date \$ 552.00

Full Name, Mailing Address and ZIP Code

John L. Perkins
2929 SE Ocean Blvd., Bldg. 142, #3
Stuart, FL 34996

Name of Employer

n/a

Date (month, day, year)
10/29/92Amount of Each
Receipt this Period
100.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date \$ 300.00

Full Name, Mailing Address and ZIP Code

Robert C. Pickett
2985 Forest Circle
Jacksonville, FL 32217

Name of Employer

Information requested

Date (month, day, year)
9/11/92Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date \$ 500.00

Full Name, Mailing Address and ZIP Code

Robert E. Smith
3 Harborview
Sarasota, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month, day, year)
8/25/92Amount of Each
Receipt this Period
500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

President

Aggregate Year-to-Date \$ 550.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 15G

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

PAGE 84 OF 331
FOR LINE NUMBER 118

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code
**George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308**

Name of Employer
self-employed

Date (month,
day, year)
3/14/93

Amount of Each
Receipt this Period
**400.00
redesignated**

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

Occupation
physician

Aggregate Year-to-Date > \$ **400.00**

B. Full Name, Mailing Address and ZIP Code
**David Efron
P. O. Box 29314
Rio Piedras, PR 00929**

Name of Employer
self-employed

Date (month,
day, year)
6/29/93

Amount of Each
Receipt this Period
1,000.00

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

Occupation
attorney

Aggregate Year-to-Date > \$ **1,000.00**

C. Full Name, Mailing Address and ZIP Code
**Madleini Efron
P. O. Box 29314
Rio Piedras, PR 00929**

Name of Employer
self-employed

Date (month,
day, year)
6/29/93

Amount of Each
Receipt this Period
1,000.00

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

Occupation
attorney

Aggregate Year-to-Date > \$ **1,000.00**

D. Full Name, Mailing Address and ZIP Code
**Michael S. Egan
1575 Ponce de Leon
Ft. Lauderdale, FL 33316
\$300 refund 7/23/93**

Name of Employer
Alamo Rent A Car

Date (month,
day, year)
6/02/93

Amount of Each
Receipt this Period
500.00

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

Occupation
CEO

Aggregate Year-to-Date > \$ **500.00**

E. Full Name, Mailing Address and ZIP Code
**Herbert E. Ehlers
3 Harborside
Belleair, FL 34616**

Name of Employer
Eagle Asset Mgmt.

Date (month,
day, year)
1/28/93

Amount of Each
Receipt this Period
400.00

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

Occupation
president

Aggregate Year-to-Date > \$ **500.00**

F. Full Name, Mailing Address and ZIP Code
**Herbert E. Ehlers
3 Harborside
Belleair, FL 34616**

Name of Employer
Eagle Asset Mgmt.

Date (month,
day, year)
2/08/93

Amount of Each
Receipt this Period
**(400.00)
redesignated**

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

Occupation
president

Aggregate Year-to-Date > \$ **500.00**

G. Full Name, Mailing Address and ZIP Code
**Herbert E. Ehlers
3 Harborside
Belleair, FL 34616**

Name of Employer
Eagle Asset Mgmt.

Date (month,
day, year)
2/08/93

Amount of Each
Receipt this Period
**400.00
redesignated**

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

Occupation
president

Aggregate Year-to-Date > \$ **500.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309075055

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PageAttachment # 15H
PAGE 85 OF 331
FOR LINE NUMBER 118

Any information reported 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 which contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

100.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

3/07/93

Amount of Each
Receipt this Period(100.00)
redesignated

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Name of Employer

Eagle Asset Mgmt.

Date (month,
day, year)

3/07/93

Amount of Each
Receipt this Period100.00
redesignated

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Adel A. El-Etr, M.D.
21 Island Drive
Key Biscayne, FL 33149

Name of Employer

University of Miami

Date (month,
day, year)

6/14/93

Amount of Each
Receipt this Period

300.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

300.00

E. Full Name, Mailing Address and ZIP Code

Edward H. Eliscu, M.D.
1514 Lake Daniel Drive
Orlando, FL 32804

Name of Employer

Med Center Radiology

Date (month,
day, year)

6/29/93

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

David Eller
281 SE 18th Ave.
Deerfield Beach, FL 33441

Name of Employer

M & W Pump

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

1,000.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

450.00

G. Full Name, Mailing Address and ZIP Code

George T. Elmore
6001 Clint Moore Road, #1
Boca Raton, FL 33496

Name of Employer

self-employed

Date (month,
day, year)

1/25/93

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 0 OF 45
FOR LINE NUMBER 11A

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart L. Scheraga 210 Walls Road Palm Beach, FL 33480	Blue-Aqua Equities	4/15/91	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Parkhill Hays, Jr. 2109 Cambridge Avenue Lakeland, FL 33803	Holland & Knight	5/23/91	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$	330.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William P. Edwards 213 1st Street, North St. Petersburg, FL 33701 \$50 refund 7/22/91	self-employed	2/08/91	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation property management	Aggregate Year-to-Date > \$	400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Detmanian 215 W. Federal Highway, Suite 1 Boca Raton, FL 33432	information requested	4/23/91	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested	Aggregate Year-to-Date > \$	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Mader, Jr. 2130 Centerview Court, N. Clearwater, FL 32619	King Engineering	1/02/91	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation consulting eng.	Aggregate Year-to-Date > \$	330.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	Fairbanks Comm., Inc.	2/14/91	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation broadcasting	Aggregate Year-to-Date > \$	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Seay 220 Rafael Blvd. St. Petersburg, FL 33704	self-employed	2/15/91	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation investor	Aggregate Year-to-Date > \$	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 75
FOR LINE NUMBER 118

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 other political 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 NACK

A. Full Name, Mailing Address and ZIP Code

James Bettsian
215 N. Federal Highway, Suite 1
Boca Raton, FL 33432

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Occupation

information requested

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

25.00

B. Full Name, Mailing Address and ZIP Code

Paul I. Mali, III, M.D.
2151 E. Commercial Blvd., #300
Ft. Lauderdale, FL 33306

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Occupation

physician

Date (month,
day, year)

11/25/91

Amount of Each
Receipt this Period

500.00

C. Full Name, Mailing Address and ZIP Code

Roger A. Meyer, M.D.
217 Manatee Ave. E.
Bradenton, FL 34206

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Occupation

physician

Date (month,
day, year)

10/07/91

Amount of Each
Receipt this Period

500.00

D. Full Name, Mailing Address and ZIP Code

James T. Dyke
218 El Brillo Way
Palm Beach, FL 33480

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Dyke Industries

Occupation

chairman

Date (month,
day, year)

11/06/91

Amount of Each
Receipt this Period

250.00

E. Full Name, Mailing Address and ZIP Code

Richard M. Robinson
219 Flame Avenue
Maitland, FL 32751

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Gray, Harris et al

Occupation

attorney

Date (month,
day, year)

7/31/91

Amount of Each
Receipt this Period

330.00

F. Full Name, Mailing Address and ZIP Code

Antonio F. Goltia
information requested

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Occupation

information requested

Date (month,
day, year)

10/29/91

Amount of Each
Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code

Richard M. Fairbanks
22 E. Snapper Point
Key Largo, FL 33037

Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Fairbanks Comm., Inc.

Occupation

broadcasting

Date (month,
day, year)

10/04/91

Amount of Each
Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePART 110
27 110
FOR LINE NUMBER
11a

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 other 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 HACK

A. Full Name, Mailing Address and ZIP Code

Ronald G. Assef
21095 Hamlin Drive
Boca Raton, FL 33433

Name of Employer

Sensormatic Elec.

Date (month,
day, year)

4/22/92

Amount of Each
Receipt this Period

250.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

president

Aggregate Year-to-Date \$

350.00

B. Full Name, Mailing Address and ZIP Code

William G. Pace
2136 21st Court, S.
Naples, FL 33940
\$250 refunded 7/27/92

Name of Employer

n/a

Date (month,
day, year)

1/21/92

Amount of Each
Receipt this Period

250.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

retired

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Med L. Siegal
2151 W. Hillsboro Blvd., Suite 300
Deerfield Beach, FL 33442

Name of Employer

Siegal School Org.

Date (month,
day, year)

3/02/92

Amount of Each
Receipt this Period

500.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

president

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Richard M. Fairbanks
22 E. Snapper Point
Key Largo, FL 33037
\$150 refunded 7/27/92

Name of Employer

Fairbanks Comm., Inc.

Date (month,
day, year)

4/10/92

Amount of Each
Receipt this Period

500.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

broadcasting

Aggregate Year-to-Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

Arthur I. Appleton
22 Indian Creek Island
Miami Beach, FL 33154

Name of Employer

n/a

Date (month,
day, year)

2/11/92

Amount of Each
Receipt this Period

250.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

retired

Aggregate Year-to-Date \$

450.00

F. Full Name, Mailing Address and ZIP Code

Arthur I. Appleton
22 Indian Creek Island
Miami Beach, FL 33154

Name of Employer

n/a

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

200.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

retired

Aggregate Year-to-Date \$

450.00

G. Full Name, Mailing Address and ZIP Code

Henry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704
\$320 refunded 7/27/92

Name of Employer

self-employed

Date (month,
day, year)

1/17/92

Amount of Each
Receipt this Period

330.00

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Occupation

investor

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 5 1

Attachment # 16D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3360

July 27, 1992

85-24-001

PAY TO THE
ORDER OF

Richard M. Fairbanks

\$ 150.00

ONE HUNDRED FIFTY AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, S.A.
201 West Park Street
Tampa, Florida 33602



⑆003360⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$150.00

9 4 0 3 0 9 7 5 0 6 0

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 7 9
LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ralph C. Lealie 531 Palis Way Gulfstream, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard E. Naleon 2070 Ringling Blvd. Sarasota, FL 34237	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33803	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert J. Brusack, M.D. 25 Palomwood Court Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage (1)
14 of 27
FOR LINE NUMBER
11a

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NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Toni T. Charbonnet
3901 Breganza Avenue
Coconut Grove, FL 33133Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month,
day, year)

8/20/90

Amount of Each
Receipt this Period

550.00

Occupation

information requested

Aggregate Year-to-Date \$ 700.00

B. Full Name, Mailing Address and ZIP Code

William S. Townsend
4021 S.E. 19th Place, #206
Cape Coral, FL 33904Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

7/16/90

Amount of Each
Receipt this Period

375.00

Occupation

title insurance

Aggregate Year-to-Date \$ 375.00

C. Full Name, Mailing Address and ZIP Code

Karen Margulies
4040 N. Ocean Drive
Hollywood, FL 33019Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

11/19/90

Amount of Each
Receipt this Period

400.00

Occupation

housewife

Aggregate Year-to-Date \$ 800.00

D. Full Name, Mailing Address and ZIP Code

William C. Allen
4051 Gulf Shore Blvd., N., PH 302
Naples, FL 33940Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

7/16/90

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$ 275.00

E. Full Name, Mailing Address and ZIP Code

William C. Allen
4051 Gulf Shore Blvd., N., PH 302
Naples, FL 33940Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

10/29/90

Amount of Each
Receipt this Period

25.00

Occupation

retired

Aggregate Year-to-Date \$ 275.00

F. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.
410 North Ride
Tallahassee, FL 32303Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Figg and Muller

Date (month,
day, year)

12/06/90

Amount of Each
Receipt this Period

500.00

Occupation

engineer

Aggregate Year-to-Date \$ 500.00

G. Full Name, Mailing Address and ZIP Code

John B. Howell
414 North Ride
Tallahassee, FL 32303Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Howell Fin. Group

Date (month,
day, year)

10/05/90

Amount of Each
Receipt this Period

100.00

Occupation

president

Aggregate Year-to-Date \$ 390.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975064
010001572

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 37 OF 75
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reynold V. Anselmo 408 North Street Greenwich, CT 06830	Pan Am Sat	11/01/91	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: chairman Aggregate Year-to-Date > \$		1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. A. Gayton, Jr. 41 Bering Street Tampa, FL 33606	Central Oil Co.	10/29/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: executive Aggregate Year-to-Date > \$		250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	Figg and Muller	11/01/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: engineer Aggregate Year-to-Date > \$		350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	Figg and Muller	11/08/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: engineer Aggregate Year-to-Date > \$		350.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Constance B. Hoffman 4100 Galt Ocean Drive, #1101 Ft. Lauderdale, FL 33308	Broward County	8/12/91	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: posting clerk Aggregate Year-to-Date > \$		450.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven D. Naar 4140 ... Road Coconut Grove, FL 33133	information requested	10/29/91	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: information requested Aggregate Year-to-Date > \$		500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. A. Ginn, Jr. 417 St. John's Avenue Palatka, FL 32077	self-employed	7/28/91	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Aggregate Year-to-Date > \$		330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate Schedule A for each category of the Detailed Summary Page
 Page 50 of 110
 Page 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C. Allen 4051 Gulf Shore Blvd., N., FH 302 Naples, FL 33940	n/a	1/31/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 350.00	
B. Full Name, Mailing Address and ZIP Code Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303 \$250 refunded 7/27/92	Name of Employer Figg and Muller	Date (month, day, year) 3/02/92	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation engineer	Aggregate Year to Date \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Shashidhar H. Kori, M.D. 4117 Starfish Lane Tampa, FL 33615	Name of Employer information requested	Date (month, day, year) 6/22/92	Amount of Each Receipt this Period 250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation physician	Aggregate Year to Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Robert C. Hackney 4119 Lakespur Cr., South Palm Beach Gardens, FL 33410	Name of Employer DeSantis, Cook et al	Date (month, day, year) 3/09/92	Amount of Each Receipt this Period 500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation attorney	Aggregate Year to Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #102 Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 2/03/92	Amount of Each Receipt this Period 100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation none	Aggregate Year to Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #102 Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 4/01/92	Amount of Each Receipt this Period 150.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation none	Aggregate Year to Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Anna L. Ingham 4155 Crayton Rd., #102 Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 5/26/92	Amount of Each Receipt this Period 250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation none	Aggregate Year to Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

9 2 2 0 1 7 3 1 5 2

Attachment # 17D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886
TAMPA, FLORIDA 33601-1886

3361

July 27, 1992

09-18/92

PAY TO THE
ORDER OF

Eugene C. Figg, Jr.

\$ 250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
First Florida Office 1886
1811 West Platt Street
Tampa, Florida 33606

⑆003361⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

9 4 0 3 0 9 7 5 0 6 7
9 2 0 1 7 3 1 5 2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 9
FOR LINE NUMBER 20a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dawilda N. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Jack Kugelmann P. O. Box 30130 Pensacola, FL 32503	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eugene C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Florence Hicks Alexander 110 Amberwood Court Longwood, FL 32779	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1
 PER LINE BLANK H
 11a

Any information obtained from such Reports and Statements may not be used by any person for the purpose of collecting contributions or for commercial purposes, other than using the reported address of any individual contributor to collect contributions from such contributors.

Name of Contributor to Fund

Name of Contributor to Fund

 Full Name, Mailing Address and ZIP Code
 J. S. Puchner, Jr.
 101 S.E. Old St. Lucie Blvd.
 Stuart, FL 34996

Name of Employer

N/A

Date (Month, day, year)

6/26/92

Amount of Each Receipt this Period

150.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

retired

Aggregate Year-to-Date > \$

250.00

Full Name, Mailing Address and ZIP Code

 Juan Diaz-Pedron
 3911 S.W. 67th Avenue
 Miami, FL 33198

Name of Employer

Granada Ins. Co.

Date (Month, day, year)

12/18/92

Amount of Each Receipt this Period

500.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

insurance

Aggregate Year-to-Date > \$

500.00

Full Name, Mailing Address and ZIP Code

 B. J. Walker
 3830 Alhambra Drive, West
 Jacksonville, FL 32207

Name of Employer

First Union Corp.

Date (Month, day, year)

7/22/92

Amount of Each Receipt this Period

250.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

barber

Aggregate Year-to-Date > \$

500.00

Full Name, Mailing Address and ZIP Code

 R. Travis Storey
 3967 Chicora Wood Place
 Jacksonville, FL 32216

Name of Employer

Arthur Andersen & Co.

Date (Month, day, year)

11/10/92

Amount of Each Receipt this Period

200.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

C.P.A.

Aggregate Year-to-Date > \$

1,200.00

Full Name, Mailing Address and ZIP Code

 Michael K. Mandalia
 4015 Mainline Springs Lane
 Tampa, FL 33624

Name of Employer

information requested

Date (Month, day, year)

12/08/92

Amount of Each Receipt this Period

250.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

Full Name, Mailing Address and ZIP Code

 William L. Nott
 408 Pl...ion Road
 Tallahassee, FL 32303

Name of Employer

Alexander & Alexander

Date (Month, day, year)

12/02/92

Amount of Each Receipt this Period

150.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

insurance

Aggregate Year-to-Date > \$

250.00

Full Name, Mailing Address and ZIP Code

 Robert C. Figg, Sr.
 410 North Side
 Tallahassee, FL 32303

Name of Employer

Figg and Muller

Date (Month, day, year)

12/14/92

Amount of Each Receipt this Period

500.00

 Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Occupation

engineer

Aggregate Year-to-Date > \$

600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Fill page this line number only)

FORM LINE NUMBER
11a

Any information received from such employers and contributors may not be used or used by any person for the purpose of making contributions or for commercial purposes, other than making the payment of the amount of the payment to which such persons from such payments.

RECEIPTS FOR CONTRIBUTIONS

A. Full Name, Mailing Address and ZIP Code

James C. Figg, Jr.
416 North Ridge
Tallahassee, FL 32303

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

Figg and Muller

Date (month, day, year)

12/28/92

Amount of Each Receipt this Period

(500.00) redesignated

Occupation

engineer

Aggregate Year-to-Date > 8

620.00

B. Full Name, Mailing Address and ZIP Code

James C. Figg, Jr.
416 North Ridge
Tallahassee, FL 32303

Receipt For: ☐ Primary ☒ General
☐ Other (Specify):

Name of Employer

Figg and Muller

Date (month, day, year)

12/28/92

Amount of Each Receipt this Period

500.00 redesignated

Occupation

engineer

Aggregate Year-to-Date > 8

620.00

C. Full Name, Mailing Address and ZIP Code

Don F. Riordan, Jr.
414 La Costa Street
Melbourne Beach, FL 32951

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

Software Tech, Inc.

Date (month, day, year)

8/14/92

Amount of Each Receipt this Period

250.00

Occupation

vice-president

Aggregate Year-to-Date > 8

250.00

D. Full Name, Mailing Address and ZIP Code

Jeffrey C. Schenck
4161 John Young Parkway
Orlando, FL 32804

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

Schenck Co.

Date (month, day, year)

11/30/92

Amount of Each Receipt this Period

400.00

Occupation

president

Aggregate Year-to-Date > 8

400.00

E. Full Name, Mailing Address and ZIP Code

John E. Trevor, Jr.
425 North Avenue, Apt. 5-F
Palm Beach, FL 33480

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

n/a

Date (month, day, year)

10/26/92

Amount of Each Receipt this Period

52.00

Occupation

retired

Aggregate Year-to-Date > 8

252.00

F. Full Name, Mailing Address and ZIP Code

John E. Trevor, Jr.
425 North Avenue, Apt. 5-F
Palm Beach, FL 33480

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

n/a

Date (month, day, year)

12/07/92

Amount of Each Receipt this Period

100.00

Occupation

retired

Aggregate Year-to-Date > 8

252.00

G. Full Name, Mailing Address and ZIP Code

Archie H. Spitzer
43 N. Pine Circle
Sellersair, FL 34626

Receipt For: ☒ Primary ☐ General
☐ Other (Specify):

Name of Employer

information requested

Date (month, day, year)

9/14/92

Amount of Each Receipt this Period

500.00

Occupation

information requested

Aggregate Year-to-Date > 8

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9300001632

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 17H

Use space for each category of the Detailed Summary Page

96 331
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.
410 North Ride
Tallahassee, FL 32303

Name of Employer

Figg and Muller

Date (month, day, year)

1/27/93

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

engineer

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.
410 North Ride
Tallahassee, FL 32303

Name of Employer

Figg and Muller

Date (month, day, year)

2/06/93

Amount of Each Receipt this Period

(500.00)

~~redesignated~~

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

engineer

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.
410 North Ride
Tallahassee, FL 32303

Name of Employer

Figg and Muller

Date (month, day, year)

2/06/93

Amount of Each Receipt this Period

500.00

~~redesignated~~

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

engineer

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Thomas M. Fiorentino, Jr.
2815 Grand Avenue
Jacksonville, FL 32210

Name of Employer

information requested

Date (month, day, year)

5/11/93

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

F. E. Fisher
P. O. Box 7690
Clearwater, FL 34618

Name of Employer

n/a

Date (month, day, year)

5/14/93

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Rick T. Fitzgerald
6626 The Landings Drive
Orlando, FL 32812

Name of Employer

Goldman Sachs

Date (month, day, year)

6/02/93

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

vice-president

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

James J. Flanagan
361 White Oak Circle
Maitland, FL 32751

Name of Employer

information requested

Date (month, day, year)

6/28/93

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9493007505210

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category. Attach Detailed Summary Page

PAGE 32
FOR LINE 11a
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Warner M. Washburn
6429 Winkler Rd.
Ft. Myers, FL 33911

Name of Employer

n/a

Date (month,
day, year)

4/07/89

Amount of Each
Receipt this Period

50.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date

\$

300.00

B. Full Name, Mailing Address and ZIP Code

William M. Barkell
6440 S.W. 133rd Drive
Miami, FL 33156

Name of Employer

information requested

Date (month,
day, year)

6/26/89

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date

\$

250.00

C. Full Name, Mailing Address and ZIP Code

Robert Oster
651 E. Shore Road
Mukwonago, WI 53149

Name of Employer

Deltrol Controls

Date (month,
day, year)

4/13/89

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

executive

Aggregate Year-to-Date

\$

500.00

D. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647

Name of Employer

Williams, Brasfield

Date (month,
day, year)

2/21/89

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

attorney

Aggregate Year-to-Date

\$

580.00

E. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647

Name of Employer

Williams, Brasfield

Date (month,
day, year)

4/18/89

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

attorney

Aggregate Year-to-Date

\$

580.00

F. Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Dr.
Naples, FL 33963

Name of Employer

n/a

Date (month,
day, year)

3/13/89

Amount of Each
Receipt this Period

200.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date

\$

400.00

G. Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Dr.
Naples, FL 33963

Name of Employer

n/a

Date (month,
day, year)

5/22/89

Amount of Each
Receipt this Period

200.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date

\$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975072

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 33 of 51
Form No. 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Robert Oster 651 E. Shore Road Mukwonago, WI 53149 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer Deltrol Controls Occupation executive Date (month, day, year) 6/28/90 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date \$ 500.00
B. Full Name, Mailing Address and ZIP Code Donald L. Whittemore, Jr. 6550 Terrasanta Pensacola, FL 32504 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer Southeast Bank Occupation banker Date (month, day, year) 1/22/90 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date \$ 400.00
C. Full Name, Mailing Address and ZIP Code Jeffrey R. Fuller 6591 Burning Tree Dr. Seminole, FL 34647 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer Williams, Brasfield Occupation attorney Date (month, day, year) 5/04/90 Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date \$ 330.00
D. Full Name, Mailing Address and ZIP Code Nancy L. Fuller 6591 Burning Tree Drive Seminole, FL 34647 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer n/a Occupation homemaker Date (month, day, year) 5/04/90 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date \$ 400.00
E. Full Name, Mailing Address and ZIP Code Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer Com-Land Group, Inc. Occupation developer Date (month, day, year) 1/16/90 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date \$ 400.00
F. Full Name, Mailing Address and ZIP Code R. B. Massey 6750 Epping Forest Way, N., #126 Jacksonville, FL 32217 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer Massey Motors, Inc. Occupation auto dealer Date (month, day, year) 2/14/90 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date \$ 400.00
G. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. 7 Brook Lane Lakeland, FL 33803 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Name of Employer W. S. Badcock Corp. Occupation furniture merchant Date (month, day, year) 4/06/90 Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 27 OF 45
FOR LINE NUMBER 11a

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 campaign 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 NACK

A. Full Name, Mailing Address and ZIP Code

David J. Crumwell
6507 N. Harnay Road
Tampa, FL 33610Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Safety Equip. Co.

Occupation

president

Aggregate Year-to-Date \$

Date (month,
day, year)

2/13/91

Amount of Each
Receipt this Period

330.00

330.00

B. Full Name, Mailing Address and ZIP Code

Donald L. Whittemore, Jr.
6550 Terrasanta
Pensacola, FL 32504Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Southeast Bank

Occupation

banker

Aggregate Year-to-Date \$

Date (month,
day, year)

1/07/91

Amount of Each
Receipt this Period

400.00

400.00

C. Full Name, Mailing Address and ZIP Code

David L. Brooks
6556 Ridgewood Dr.
Naples, FL 33940Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

2/14/91

Amount of Each
Receipt this Period

1,000.00

1,000.00

D. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647
\$240 refund 7/22/91Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Williams, Brasfield

Occupation

attorney

Aggregate Year-to-Date \$

Date (month,
day, year)

2/21/91

Amount of Each
Receipt this Period

330.00

330.00

E. Full Name, Mailing Address and ZIP Code

Nancy L. Fuller
6591 Burning Tree Drive
Seminole, FL 34647Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

homemaker

Aggregate Year-to-Date \$

Date (month,
day, year)

2/21/91

Amount of Each
Receipt this Period

400.00

400.00

F. Full Name, Mailing Address and ZIP Code

Ruby E. Small
6607 Ridgewood Dr.
Naples, FL 33963Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

5/20/91

Amount of Each
Receipt this Period

300.00

300.00

G. Full Name, Mailing Address and ZIP Code

Charles F. Padden
6701 Pensacola Blvd.
Pensacola, FL 32505Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Com-Land Group, Inc.

Occupation

developer

Aggregate Year-to-Date \$

Date (month,
day, year)

3/27/91

Amount of Each
Receipt this Period

400.00

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
51 75
FOR LINE NUMBER
118

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 HACK

A. Full Name, Mailing Address and ZIP Code

W. T. Brown
637 E. Causeway Blvd.
Vero Beach, FL 32960

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

10/21/91

Amount of Each
Receipt this Period

50.00

B. Full Name, Mailing Address and ZIP Code

W. T. Brown
637 E. Causeway Blvd.
Vero Beach, FL 32960

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

300.00

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

50.00

C. Full Name, Mailing Address and ZIP Code

Jon L. Shabel
6400 Jamaica Court
Tallahassee, FL 32308

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

A.I.F.

Occupation

information requested

Aggregate Year-to-Date \$

300.00

Date (month,
day, year)

11/18/91

Amount of Each
Receipt this Period

250.00

D. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647

Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Williams, Brasfield

Occupation

attorney

Aggregate Year-to-Date \$

Date (month,
day, year)

8/05/91

Amount of Each
Receipt this Period

240.00

E. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Dr.
Seminole, FL 34647

Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Williams, Brasfield

Occupation

attorney

Aggregate Year-to-Date \$

Date (month,
day, year)

10/22/91

Amount of Each
Receipt this Period

500.00

F. Full Name, Mailing Address and ZIP Code

Richard W. Tobin
6601 S.W. 118th Street
Miami, FL 33156

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

Strategy Research

Occupation

research

Aggregate Year-to-Date \$

Date (month,
day, year)

9/25/91

Amount of Each
Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Dr.
Naples, FL 33963

Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

11/20/91

Amount of Each
Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

REMARKS OF CHIEF OF PARTY

6 9 2 0 9 7 1 9 3 3

Year 46. This period that goes into the number called

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 42 OF 45
FORM LINE NUMBER 11a

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren F. Solomon P. O. Box 55-7385 Miami, FL 33288	Information requested	5/23/91	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard H. Sukketh P. O. Box 60089 Jacksonville, FL 32236	Sukketh Van Lines	2/15/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation chairman	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Buster Gentry P. O. Box 65 Superior, FL 33044	n/a	2/12/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy Bostick P. O. Box 67 Auburndale, FL 33823	Auburndale Trucking	1/31/91	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president	Aggregate Year-to-Date > \$ 330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bryan P. O. Box 7002 St. Petersburg, FL 33734	Bryan Development, Inc	1/31/91	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation developer	Aggregate Year-to-Date > \$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion Bryan P. O. Box 7002 St. Petersburg, FL 33734	self-employed	1/31/91	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation fashion retailer	Aggregate Year-to-Date > \$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Manning P. O. Box 711 Pensacola, FL 32593	Fisher Brown, Inc.	1/14/91	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Do not include
 1. any amount of the
 2. Federal Income Tax

 PAGE 70 75
 FOR LINE NUMBER 11a

Any information copied from this report and returned may not be sold or used by any person for the purpose of publishing contributions or for commercial or political purposes, other than using the signed address of any political committee to solicit contributions for its own campaign.

Name of Contributor in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 Warren F. Salzman
 P. O. Box 38-7386
 Miami, FL 33286

Name of Employer

West Publishing

Date (month, day, year)

10/23/91

Amount of Each Receipt (this Period)

100.00

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

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

 Fred L. MacLeod
 P. O. Box 5683
 Orlando, FL 32805

Name of Employer

FLM, Inc.

Date (month, day, year)

7/26/91

Amount of Each Receipt (this Period)

330.00

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

Occupation

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

 James S. Kintrell
 P. O. Box 5797
 Tampa, FL 33675

Name of Employer

Ray Transportation

Date (month, day, year)

10/30/91

Amount of Each Receipt (this Period)

250.00

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

Occupation

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

 Joanne Tate
 P. O. Box 611603
 North Miami, FL 33261

Name of Employer

n/a

Date (month, day, year)

11/12/91

Amount of Each Receipt (this Period)

250.00

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

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

 Joanne Tate
 P. O. Box 611603
 North Miami, FL 33261

Name of Employer

n/a

Date (month, day, year)

11/12/91

Amount of Each Receipt (this Period)

250.00

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

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

 J. B. Gentry
 P. O. Box 66
 Sugarloaf Bay, FL 33044

Name of Employer

n/a

Date (month, day, year)

10/04/91

Amount of Each Receipt (this Period)

250.00

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

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

 J. B. Gentry
 P. O. Box 66
 Sugarloaf Bay, FL 33044

Name of Employer

n/a

Date (month, day, year)

11/12/91

Amount of Each Receipt (this Period)

100.00

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

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PA 103 11
11a

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 similar 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 RACK

A. Full Name, Mailing Address and ZIP Code

J. Baxter Gentry
P. O. Box 65
Sugarloaf Key, FL 33044
\$100 refunded 7/27/92

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month, day, year)

4/09/92

Amount of Each Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

350.00

B. Full Name, Mailing Address and ZIP Code

Joe A. Hilliard
P. O. Box 655
Clewiston, FL 33440

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month, day, year)

2/19/92

Amount of Each Receipt this Period

100.00

Occupation

farmer

Aggregate Year-to-Date \$

1,100.00

C. Full Name, Mailing Address and ZIP Code

Joe A. Hilliard
P. O. Box 655
Clewiston, FL 33440
\$350 refunded 7/27/92

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month, day, year)

5/05/92

Amount of Each Receipt this Period

1,000.00

Occupation

farmer

Aggregate Year-to-Date \$

1,100.00

D. Full Name, Mailing Address and ZIP Code

Guy Bostick
P. O. Box 67
Auburndale, FL 33823

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Comcar Industries

Date (month, day, year)

5/13/92

Amount of Each Receipt this Period

330.00

Occupation

chairman

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Anthony Okornah
P. O. Box 680236
Miami, FL 33168

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Baxter Diagnostics

Date (month, day, year)

4/08/92

Amount of Each Receipt this Period

250.00

Occupation

research scientist

Aggregate Year-to-Date \$

250.00

F. Full Name, Mailing Address and ZIP Code

Richard L. Stephenson
P. O. Box 68123
Indianapolis, IN 46268

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Asphalt Materials

Date (month, day, year)

6/01/92

Amount of Each Receipt this Period

250.00

Occupation

chairman

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

John Bryan
P. O. Box 7002
St. Petersburg, FL 33734

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Bryan Development, Inc

Date (month, day, year)

4/20/92

Amount of Each Receipt this Period

330.00

Occupation

developer

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 5 4

Attachment #19E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT
P. O. BOX 1898
TAMPA, FLORIDA 33601-1898

3363

July 27, 1992

68-26/531

PAY TO THE ORDER OF J. Baxter Gentry

\$100.00

ONE HUNDRED AND NO/100 ----- DOLLARS

FIRST FLORIDA
First Florida Bank, S.A.
Post Office Box 600
261 West Platt Street
Tampa, Florida 33609



⑆003363⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-2

9 4 0 3 0 9 7 5 0 8 0
9 2 0 2 0 1 7 3 1 5 4

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 9
FOR LINE NUMBER 208

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
B. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 423.00
D. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
E. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
F. Full Name, Mailing Address and ZIP Code Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 295.00
I. Full Name, Mailing Address and ZIP Code Jim Ruseakis 8801 Indrio Road Ft. Pierce, FL 34951	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy R. Connor P. O. Box 11187 Tallahassee, FL 32308	information requested	7/11/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 2,000.00	
B Full Name, Mailing Address and ZIP Code Kenneth L. Connor P. O. Box 11187 Tallahassee, FL 32308	Name of Employer information requested	Date (month, day, year) 7/11/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 1,000.00	
C Full Name, Mailing Address and ZIP Code D. Victor Knight P. O. Box 1148 Vero Beach, FL 32961	Name of Employer Riverfront Groves	Date (month, day, year) 12/08/89	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus grower	Aggregate Year to Date \$ 450.00	
D Full Name, Mailing Address and ZIP Code Ley H. Smith P. O. Box 1152 Orlando, FL 32802	Name of Employer self-employed	Date (month, day, year) 8/22/89	Amount of Each Receipt this Period 330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation attorney	Aggregate Year to Date \$ 430.00	
E Full Name, Mailing Address and ZIP Code Paul Sullivan P. O. Box 11588 St. Petersburg, FL 33733	Name of Employer n/a	Date (month, day, year) 8/30/89	Amount of Each Receipt this Period 400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 400.00	
F Full Name, Mailing Address and ZIP Code Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843	Name of Employer self-employed	Date (month, day, year) 7/07/89	Amount of Each Receipt this Period 300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 1,330.00	
G Full Name, Mailing Address and ZIP Code Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843	Name of Employer self-employed	Date (month, day, year) 7/10/89	Amount of Each Receipt this Period 700.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year to Date \$ 1,330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 any other purposes other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frontproof, FL 33843

Name of Employer

information requested

Date (month, day, year)

7/09/89

Amount of Each Receipt (this Period)

330.00

Receipt For

Primary ☒ General ☐

Other (specify)

Occupation

Attorney

Aggregate Year to Date \$

1,330.00

B. Full Name, Mailing Address and ZIP Code

John M. Griesbaum
P. O. Box 1326
Titusville, FL 32781

Name of Employer

Dist. State Attorney

Date (month, day, year)

7/10/89

Amount of Each Receipt (this Period)

250.00

Receipt For

Primary ☐ General ☒

Other (specify)

Occupation

attorney

Aggregate Year to Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Ben H. Wilkinson
P. O. Box 13527
Tallahassee, FL 32317

Name of Employer

information requested

Date (month, day, year)

12/08/89

Amount of Each Receipt (this Period)

330.00

Receipt For

Primary ☒ General ☐

Other (specify)

Occupation

attorney

Aggregate Year to Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Robert W. Garthwait
P. O. Box 1367, Sharon Road
Waterbury, CT 06721

Name of Employer

City-Hel Mfg. Co.

Date (month, day, year)

10/11/89

Amount of Each Receipt (this Period)

250.00

Receipt For

Primary ☐ General ☒

Other (specify)

Occupation

president

Aggregate Year to Date \$

350.00

E. Full Name, Mailing Address and ZIP Code

J. Danforth Browne
P. O. Box 1531
Tampa, FL 33601

Name of Employer

information requested

Date (month, day, year)

8/21/89

Amount of Each Receipt (this Period)

330.00

Receipt For

Primary ☒ General ☐

Other (specify)

Occupation

information requested

Aggregate Year to Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 1531
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month, day, year)

7/20/89

Amount of Each Receipt (this Period)

50.00

Receipt For

Primary ☒ General ☐

Other (specify)

Occupation

attorney

Aggregate Year to Date \$

480.00

G. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 1531
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month, day, year)

8/21/89

Amount of Each Receipt (this Period)

330.00

Receipt For

Primary ☒ General ☐

Other (specify)

Occupation

attorney

Aggregate Year to Date \$

480.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

41

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

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Sullivan P. O. Box 11588 St. Petersburg, FL 33733	n/a	5/29/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retiree	Aggregate Year-to-Date \$	400.00
B. Full Name, Mailing Address and ZIP Code Jerome S. Fletcher P. O. Box 1219 Ponte Vedra Beach, FL 32082	Fletcher Industries	2/06/90	800.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation real estate	Aggregate Year-to-Date \$	800.00
C. Full Name, Mailing Address and ZIP Code R. William Becker P. O. Box 1240 Ft. Pierce, FL 33454	self-employed	5/21/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	400.00
D. Full Name, Mailing Address and ZIP Code Richard E. Becker P. O. Box 1240 Ft. Pierce, FL 34954	Becker Holding Corp.	5/21/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	400.00
E. Full Name, Mailing Address and ZIP Code William H. Mills, Jr. P. O. Box 1257 St. Petersburg, FL 33731	Federal Construction	4/30/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation vice-chairman	Aggregate Year-to-Date \$	330.00
F. Full Name, Mailing Address and ZIP Code Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843	self-employed	4/09/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	330.00
G. Full Name, Mailing Address and ZIP Code Robert P. Cross, Jr. P. O. Box 12830 Pensacola, FL 32575	Monsanto	1/24/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation manager	Aggregate Year-to-Date \$	400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 36 OF 45
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Mary K. Sittman
P. O. Box 12478
Panama City, FL 32401Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Date (month,
day, year) 5/13/91Amount of Each
Receipt This Period

100.00

Occupation

information requested

Aggregate Year-to-Date

300.00

B. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843
\$290 refund 7/22/91Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Date (month,
day, year) 1/30/91Amount of Each
Receipt This Period

130.00

Occupation

citrus

Aggregate Year-to-Date

330.00

C. Full Name, Mailing Address and ZIP Code

Ben H. Wilkinson
P. O. Box 13527
Tallahassee, FL 32317Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Pennington, Wilkinson

Date (month,
day, year) 2/15/91Amount of Each
Receipt This Period

330.00

Occupation

attorney

Aggregate Year-to-Date

330.00

D. Full Name, Mailing Address and ZIP Code

John L. Leyer
P. O. Box 1358
Palatka, FL 32178Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Fl. Environmental

Date (month,
day, year) 3/07/91Amount of Each
Receipt This Period

600.00

Occupation

consultant

Aggregate Year-to-Date

600.00

E. Full Name, Mailing Address and ZIP Code

James E. McIntyre
P. O. Box 1460
Panama City, FL 32402Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Date (month,
day, year) 6/07/91Amount of Each
Receipt This Period

300.00

Occupation

information requested

Aggregate Year-to-Date

300.00

F. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 1531
Tampa, FL 33601
\$140 refund 7/22/91Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

MacFarland Ferguson

Date (month,
day, year) 1/31/91Amount of Each
Receipt This Period

330.00

Occupation

attorney

Aggregate Year-to-Date

330.00

G. Full Name, Mailing Address and ZIP Code

David R. McCallin
P. O. Box 1601
Tampa, FL 33601Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Date (month,
day, year) 2/05/91Amount of Each
Receipt This Period

330.00

Occupation

attorney

Aggregate Year-to-Date

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9102007049

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 91 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Peter W. Busch
P. O. Box 12429
Ft. Pierce, FL 34979

Name of Employer

Southern Eagle Dist.

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

200.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

president

Aggregate Year-to-Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Name of Employer

self-employed

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

330.00

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

citrus

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

James L. Ferman, Jr.
P. O. Box 1321
Tampa, FL 33601

Name of Employer

Ferman Motor Cars

Date (month,
day, year)

5/28/92

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

John L. Leyer
P. O. Box 1358
Palatka, FL 32178

Name of Employer

Fl. Environmental

Date (month,
day, year)

4/24/92

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

consultant

Aggregate Year-to-Date \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

John L. Leyer
P. O. Box 1358
Palatka, FL 32178

Name of Employer

Fl. Environmental

Date (month,
day, year)

6/20/92

Amount of Each
Receipt this Period(1,000.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

consultant

Aggregate Year-to-Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

John L. Leyer
P. O. Box 1358
Palatka, FL 32178

Name of Employer

Fl. Environmental

Date (month,
day, year)

6/20/92

Amount of Each
Receipt this Period1,000.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

consultant

Aggregate Year-to-Date \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Jerome H. Modell, M.D.
P. O. Box 14286
Gainesville, FL 32604

Name of Employer

information requested

Date (month,
day, year)

2/05/92

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 'A' for each category of the Detailed Summary Page

PAGE 114 OF 331
FOR LINE NUMBER 11a

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 WACK

A. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

4/07/93

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

5/25/93

Amount of Each Receipt this Period

(160.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

5/25/93

Amount of Each Receipt this Period

160.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

2/01/93

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

insurance agent

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

3/08/93

Amount of Each Receipt this Period

(400.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

insurance agent

Aggregate Year-to-Date > \$

400.00

F. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

3/08/93

Amount of Each Receipt this Period

400.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

insurance agent

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Name of Employer

self-employed

Date (month, day, year)

5/03/93

Amount of Each Receipt this Period

670.00

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

citrus

Aggregate Year-to-Date > \$

670.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975087
94030070538

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
50 50
FOR LINE NUMBER
11a

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 or political purposes other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code J. Patrick Michaels, Jr. P. O. Box 22538 Tampa, FL 33622 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Communications Equity Occupation OWNER Aggregate Year-to-Date > \$	Date (month, day, year) 9/13/89 Aggregate Year-to-Date > \$	Amount of Last Receipt this Period 330.00 Aggregate Year-to-Date > \$
B. Full Name, Mailing Address and ZIP Code David H. Hughes P. O. Box 2273 Orlando, FL 32802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hughes Supply, Inc. Occupation president Aggregate Year-to-Date > \$	Date (month, day, year) 9/05/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date > \$
C. Full Name, Mailing Address and ZIP Code J. C. Uddles, Jr. P. O. Box 231 Lake Wales, FL 33859 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alcona Packing Co. Occupation farmer Aggregate Year-to-Date > \$	Date (month, day, year) 8/29/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code Allan G. Barnes P. O. Box 2462 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$	Date (month, day, year) 9/11/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code L. Charles Hilton, Jr. P. O. Box 2462 Panama City, FL 32401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$	Date (month, day, year) 9/11/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 25423 Sarasota, FL 34277 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Riscorp Occupation president Aggregate Year-to-Date > \$	Date (month, day, year) 8/25/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code Ron Gabel P. O. Box 2627 Sarasota, FL 34230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ongoing Companies Inc Occupation corp. president Aggregate Year-to-Date > \$	Date (month, day, year) 12/29/89 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period 750.00 Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 45
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code Donald C. Fort P. O. Box 23549 Jacksonville, FL 32217 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer Fort Development Co. Date (month, day, year) 2/16/90 Amount of Each Receipt 400.00 Occupation president Aggregate Year to Date \$ 400.00
B Full Name, Mailing Address and ZIP Code Allan G. Benise P. O. Box 2462 Panama City, FL 32402 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer information requested Date (month, day, year) 4/06/90 Amount of Each Receipt 330.00 Occupation information requested Aggregate Year to Date \$ 330.00
C Full Name, Mailing Address and ZIP Code L. Charles Hilton, Jr. P. O. Box 2462 Panama City, FL 32401 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Date (month, day, year) 4/06/90 Amount of Each Receipt 330.00 Occupation entrepreneur Aggregate Year to Date \$ 330.00
D Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 25423 Sarasota, FL 34277 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer Riscorp Date (month, day, year) 4/23/90 Amount of Each Receipt 330.00 Occupation president Aggregate Year to Date \$ 330.00
E Full Name, Mailing Address and ZIP Code C. C. Dockery P. O. Box 2805 Lakeland, FL 33806 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Date (month, day, year) 4/09/90 Amount of Each Receipt 330.00 Occupation insurance executive Aggregate Year to Date \$ 330.00
F Full Name, Mailing Address and ZIP Code Louis C. Arget P. O. Box 281 Ft. Pierce, FL 34954 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer Diamond Fertilizer Date (month, day, year) 5/24/90 Amount of Each Receipt 400.00 Occupation sales rep Aggregate Year to Date \$ 400.00
G Full Name, Mailing Address and ZIP Code Marsha Blanton P. O. Box 3256 Pensacola, FL 32510 Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General Other (specify)	Name of Employer Escambia Construction Date (month, day, year) 2/12/90 Amount of Each Receipt 400.00 Occupation builder Aggregate Year to Date \$ 400.00

SUBTOTAL (Receipts This Page) (optional)

TOTAL (Receipts This Page) (optional)

94030975089

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 39 OF 48
FOR LINE NUMBER 118

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE RACE

A. Full Name, Mailing Address and ZIP Code
Donald C. Fort
P. O. Box 23549
Jacksonville, FL 32217

Name of Employer
Fort Development Co.

Date (month, day, year)
5/23/91

Amount of Each Receipt this Period
400.00

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

Occupation
President
Aggregate Year-to-Date > \$ 400.00

B. Full Name, Mailing Address and ZIP Code
William D. Griffin
P. O. Box 25423
Sarasota, FL 34277

Name of Employer
Riscorp

Date (month, day, year)
2/21/91

Amount of Each Receipt this Period
330.00

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

Occupation
President
Aggregate Year-to-Date > \$ 330.00

C. Full Name, Mailing Address and ZIP Code
Larry J. Rosenquist
P. O. Box 240879
Tampa, FL 33685

Name of Employer
information requested

Date (month, day, year)
4/15/91

Amount of Each Receipt this Period
250.00

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

Occupation
information requested
Aggregate Year-to-Date > \$ 250.00

D. Full Name, Mailing Address and ZIP Code
John Daniel Harrell
P. O. Box 2768
Pensacola, FL 32503

Name of Employer
self-employed

Date (month, day, year)
2/14/91

Amount of Each Receipt this Period
300.00

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

Occupation
oil operator
Aggregate Year-to-Date > \$ 300.00

E. Full Name, Mailing Address and ZIP Code
C. C. Dockery
P. O. Box 2805
Lakeland, FL 33806

Name of Employer
self-employed

Date (month, day, year)
2/08/91

Amount of Each Receipt this Period
330.00

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

Occupation
insurance executive
Aggregate Year-to-Date > \$ 330.00

F. Full Name, Mailing Address and ZIP Code
D. Jack Argalman
P. O. Box 10130
Pensacola, FL 32503

Name of Employer
Standard Distr. Co.

Date (month, day, year)
1/07/91

Amount of Each Receipt this Period
400.00

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

Occupation
wholesaler
Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code
Hugh J. Jones, Jr.
P. O. Box 3031
Orlando, FL 32803

Name of Employer
Peet Harvick

Date (month, day, year)
2/24/91

Amount of Each Receipt this Period
330.00

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

Occupation
C.F.A.
Aggregate Year-to-Date > \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

91000070493

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page
PAGE 92 110
FOR LINE NUMBER 11a

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 any other political purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William H. Jackson P. O. Box 145 Sanibel, FL 33957 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation business consultant Aggregate Year to Date \$ 550.00	Date (month, day, year) 1/16/92	Amount of Each Receipt this Period 150.00
B. Full Name, Mailing Address and ZIP Code William H. Jackson P. O. Box 145 Sanibel, FL 33957 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation business consultant Aggregate Year to Date \$ 550.00	Date (month, day, year) 1/29/92	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code William H. Jackson P. O. Box 145 Sanibel, FL 33957 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation business consultant Aggregate Year to Date \$ 550.00	Date (month, day, year) 5/28/92	Amount of Each Receipt this Period 150.00
D. Full Name, Mailing Address and ZIP Code James E. McIntyre P. O. Box 1460 Panama City, FL 32402 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer W. Fla. Natural Gas Occupation manager Aggregate Year to Date \$ 330.00	Date (month, day, year) 3/12/92	Amount of Each Receipt this Period 330.00
E. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 1598 Sarasota, FL 34230 \$320 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Riscorp Occupation president Aggregate Year to Date \$ 330.00	Date (month, day, year) 3/03/92	Amount of Each Receipt this Period 330.00
F. Full Name, Mailing Address and ZIP Code David H. McClain P. O. Box 1601 Tampa, FL 33601 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation attorney Aggregate Year to Date \$ 350.00	Date (month, day, year) 5/11/92	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code David H. McClain P. O. Box 1601 Tampa, FL 33601 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Name of Employer self-employed Occupation attorney Aggregate Year to Date \$ 350.00	Date (month, day, year) 5/11/92	Amount of Each Receipt this Period 340.00

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

9403097509122

9 2 0 2 0 1 7 3 1 5 5

Attachment # 21E

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT
 P. O. BOX 1888
 TAMPA, FLORIDA 33601-1888

3364

July 27, 1992

05-25/92

PAY TO THE
 ORDER OF

William D. Griffin

\$ 320.00

THREE HUNDRED TWENTY AND NO/100 ----- DOLLARS

FIRST
FLORIDA
First Florida Bank, S.A.
 First Florida Office 600
 111 West Palm Street
 Tampa, Florida 33601



⑆003364⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT

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

DELUXE - FORM 0VCP-3 V-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$120.00

9 4 0 3 0 9 7 5 0 9 2
 9 0 1 7 3 1 5 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 9
FOR LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Scott F. Lutgart 4200 Gulfshore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Sheila M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #6B Jacksonville FL 32204	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossell 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 1988 Sarasota, FL 34230	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

63 | 71

FOR LINE NUMBER 11a

This document is to be used only for reporting contributions and is not to be used for the purpose of soliciting contributions or for commercial purposes. It is to be used only for the purpose of reporting contributions to the political campaign of the candidate for whom the contributions are being made.

NAME OF CONTRIBUTOR IN FULL

NAME OF CONTRIBUTOR IN FULL

A. Full Name, Mailing Address and ZIP Code

William B. Griffith
P. O. Box 1288
Tallahassee, FL 32308

Name of Employer

Riscomp

Date (month, day, year)

9/14/92

Amount of Each Receipt this Period

320.00

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Occupation

president

Aggregate Year-to-Date > \$

320.00

B. Full Name, Mailing Address and ZIP Code

S. B. Shaw
P. O. Box 172254
Memphis, TN 38187

Name of Employer

information requested

Date (month, day, year)

11/23/92

Amount of Each Receipt this Period

250.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

James Elliott Messer
P. O. Box 1876
Tallahassee, FL 32302

Name of Employer

Messer, Victor et al

Date (month, day, year)

12/18/92

Amount of Each Receipt this Period

500.00

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Occupation

attorney

Aggregate Year-to-Date > \$

640.00

D. Full Name, Mailing Address and ZIP Code

Robert H. Synors
P. O. Box 2113
Arcadia, FL 33821

Name of Employer

Synors Groves, Inc.

Date (month, day, year)

12/14/92

Amount of Each Receipt this Period

100.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

farmer

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Ronald A. David
P. O. Box 2204
Boca Raton, FL 33427

Name of Employer

self-employed

Date (month, day, year)

12/31/92

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

J. Patrick Richmond, Jr.
P. O. Box 2238
Tampa, FL 33622

Name of Employer

Communications Equity

Date (month, day, year)

8/18/92

Amount of Each Receipt this Period

330.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

owner

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

J. Patrick Richmond, Jr.
P. O. Box 2238
Tampa, FL 33622

Name of Employer

Communications Equity

Date (month, day, year)

8/01/92

Amount of Each Receipt this Period

(320.00) redesignated

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

owner

Aggregate Year-to-Date > \$

320.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

9300021656

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 21H

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

PAGE 114 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

4/07/93

Amount of Each Receipt this Period

500.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

5/25/93

Amount of Each Receipt this Period

(160.00)
redesignated

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

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

H. Terrell Griffin
255 S. Orange Avenue, Suite 1550
Orlando, FL 32801

Name of Employer

Griffin & Linder, PA

Date (month, day, year)

5/25/93

Amount of Each Receipt this Period

160.00
redesignated

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

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

2/01/93

Amount of Each Receipt this Period

400.00

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

Occupation

insurance mgmt.

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

3/08/93

Amount of Each Receipt this Period

(400.00)
redesignated

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

Occupation

insurance mgmt.

Aggregate Year-to-Date > \$

400.00

F. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 1598
Sarasota, FL 34230

Name of Employer

Riscorp

Date (month, day, year)

3/08/93

Amount of Each Receipt this Period

400.00
redesignated

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

Occupation

insurance mgmt.

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Name of Employer

self-employed

Date (month, day, year)

5/03/93

Amount of Each Receipt this Period

670.00

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

Occupation

citrus

Aggregate Year-to-Date > \$

670.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309750958

22A

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAID 43 11
FORM NO. 11A

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NAME OF COMMITTEE in Full
FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Jack Rugalsen P. O. Box 1630 Pensacola, FL 32597	Standard Distr. Co.	1/25/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation wholesaler	Aggregate Year-to-Date \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Wayland T. Coppedge, Jr. P. O. Box 16626 Jacksonville, FL 32216	n/a	2/22/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 400.00	
C. Full Name, Mailing Address and ZIP Code George Hodges, Jr. P. O. Box 16771 Jacksonville, FL 32245	self-employed	2/12/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation investments	Aggregate Year-to-Date \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Y. E. Hall, Jr. P. O. Box 18247 Jacksonville, FL 32229	self-employed	2/01/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation	Aggregate Year-to-Date \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Richard Dantzler P. O. Box 192 Winter Haven, FL 33882	self-employed	3/12/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation realtor	Aggregate Year-to-Date \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245	n/a	2/12/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation housewife	Aggregate Year-to-Date \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Frank H. Pope P. O. Box 20113 Tallahassee, FL 32316	n/a	6/04/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309750946
90-00117746

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 23 27
FORM NO. 10-81
11A

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

H. L. Culbreath, Jr.
P. O. Box 111
Tampa, FL 33601

Name of Employer

Teco Energy, Inc.

Date (month,
day, year)

8/17/90

Amount of Each
Receipt this Period

330.00

Occupation

chairman

Aggregate Year-to-Date \$

330.00

Receipt For

☐ Primary☒ General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

William L. Raley, Sr.
P. O. Box 1112
Winter Haven, FL 33882

Name of Employer

self-employed

Date (month,
day, year)

8/24/90

Amount of Each
Receipt this Period

400.00

Occupation

citrus grower

Aggregate Year-to-Date \$

400.00

Receipt For

☒ Primary☐ General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Chalit Chearvechai, M.D.
P. O. Box 11620
Ft. Lauderdale, FL 33339

Name of Employer

Cardio Surgery Assoc.

Date (month,
day, year)

8/24/90

Amount of Each
Receipt this Period

400.00

Occupation

physician

Aggregate Year-to-Date \$

800.00

Receipt For

☒ Primary☐ General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

R. William Becker
P. O. Box 1240
Ft. Pierce, FL 33454

Name of Employer

self-employed

Date (month,
day, year)

11/28/90

Amount of Each
Receipt this Period

400.00

Occupation

citrus

Aggregate Year-to-Date \$

800.00

Receipt For

☒ Primary☐ General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

John L. Loyer
P. O. Box 1358
Palatka, FL 32178

Name of Employer

Fl. Environmental

Date (month,
day, year)

10/05/90

Amount of Each
Receipt this Period

400.00

Occupation

consultant

Aggregate Year-to-Date \$

400.00

Receipt For

☒ Primary☐ General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

William Scherer
P. O. Box 14723
Ft. Lauderdale, FL 33302

Name of Employer

Conrad, Scherer et al

Date (month,
day, year)

7/03/90

Amount of Each
Receipt this Period

100.00

Occupation

partner

Aggregate Year-to-Date \$

500.00

Receipt For

☒ Primary☐ General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

V. E. Hall, Jr.
P. O. Box 18247
Jacksonville, FL 32229

Name of Employer

self-employed

Date (month,
day, year)

12/03/90

Amount of Each
Receipt this Period

400.00

Occupation

Aggregate Year-to-Date \$

800.00

Receipt For

☒ Primary☐ General

Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (use page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use additional schedules
for each category of the
Detailed Summary Page

65 75
FORM LINE NUMBER
118

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 expenditures or 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 HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Y. E. Hall, Jr. P. O. Box 18247 Jacksonville, FL 32229 \$900 refunded 1/28/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed	10/18/91	1,000.00
	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy T. Boyd, Jr. P. O. Box 1868 Ocala, FL 32678 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	10/29/91	1,000.00
	Occupation		
	information requested		
	Aggregate Year-to-Date	\$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Elliott Messer P. O. Box 1876 Tallahassee, FL 32302 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Messer, Vickers et al	8/12/91	330.00
	Occupation		
	attorney		
	Aggregate Year-to-Date	\$ 760.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Elliott Messer P. O. Box 1876 Tallahassee, FL 32302 \$90 refunded 1/28/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Messer, Vickers et al	11/19/91	100.00
	Occupation		
	attorney		
	Aggregate Year-to-Date	\$ 760.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	10/30/91	400.00
	Occupation		
	housewife		
	Aggregate Year-to-Date	\$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Webster P. O. Box 2049 Crystal River, FL 32623 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	9/24/91	1,000.00
	Occupation		
	retired		
	Aggregate Year-to-Date	\$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Symons P. O. Box 2113 Arcadia, FL 33821 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Symons Groves, Inc.	9/24/91	100.00
	Occupation		
	farmer		
	Aggregate Year-to-Date	\$ 400.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS

USE separate drawings
for each category of the
Dispersal Summary, Page

20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for Primary General Other (specify)	1/28/92	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Amy S. Austin 4617 San Miguel Tampa, FL 33629	contribution refund Disbursement for Primary General Other (specify)	1/28/92	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Marsha S. Blanton P. O. Box 3256 Pensacola, FL 32516	contribution refund Disbursement for Primary General Other (specify)	1/28/92	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Chalit Chearnvechai, M.D. 2438 E. Commercial Blvd. Ft. Lauderdale, FL 33308	contribution refund Disbursement for Primary General Other (specify)	1/28/92	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
District 2 NEBA-AND Fund 635 Fourth Avenue Brooklyn, NY 11232	contribution refund Disbursement for Primary General Other (specify)	1/28/92	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Y. E. Hall, Jr. P. O. Box 18247 Jacksonville, FL 32229	contribution refund Disbursement for Primary General Other (specify)	1/28/92	800.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	contribution refund Disbursement for Primary General Other (specify)	1/28/92	240.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
James Elliott Messer P. O. Box 1876 Tallahassee, FL 32302	contribution refund Disbursement for Primary General Other (specify)	1/28/92	90.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount (\$)
Howard W. Nix, Jr. One Beach Drive, S.E., #2611 St. Petersburg, FL 33701	contribution refund Disbursement for Primary General Other (specify)	1/28/92	10.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 (All receipts substantiated
for each category of the
Detailed Summary Page)

 Page 11 of 59
 FOR LINE NUMBER 11a

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, unless such using the name and address of any political committee to solicit contributions from such earnings.

NAME OF CONTRIBUTOR TO FULL

FRIENDS OF CONNIE BACK

A. Full Name, Mailing Address and ZIP Code

 Joe W. Uttinger
 2921 S.E. 35th Street
 Cape Coral, FL 33904

Name of Employer

n/a

Date (month, day, year)

10/03/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

not listed

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

 Morris Yaffe
 19457 Oakbrook Court
 Boca Raton, FL 33434

Name of Employer

Anon Answ

Date (month, day, year)

7/06/89

Amount of Each Receipt this Period

500.00

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

Occupation

president

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

 George W. Harris, Jr.
 1990 El Paso
 Bartow, FL 33830

Name of Employer

Citrus Chemical Bank

Date (month, day, year)

10/20/89

Amount of Each Receipt this Period

330.00

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

Occupation

president

Aggregate Year-to-Date > \$

1,330.00

D. Full Name, Mailing Address and ZIP Code

 Harriett G. Harris
 1990 El Paso
 Bartow, FL 33830

Name of Employer

information requested

Date (month, day, year)

9/11/89

Amount of Each Receipt this Period

330.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

330.00

E. Full Name, Mailing Address and ZIP Code

 Ann Buffstatler Bou
 2000 Country Club Drive
 Bartow, FL 33726

Name of Employer

self-employed

Date (month, day, year)

10/19/89

Amount of Each Receipt this Period

100.00

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

Occupation

citrus grower

Aggregate Year-to-Date > \$

300.00

F. Full Name, Mailing Address and ZIP Code

 John D. Carver, Jr.
 201 E. Kennedy Blvd., Suite 1700
 Archer, FL 32618

Name of Employer

self-employed

Date (month, day, year)

10/10/89

Amount of Each Receipt this Period

330.00

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

Occupation

real estate

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

 Guy M. Burns
 201 E. Kennedy Blvd., Suite 1700
 Tampa, FL 33602

Name of Employer

Johnson, Blakley et al

Date (month, day, year)

8/30/89

Amount of Each Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page six line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 7 51
FOR LINE NUMBER 11a

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NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

J. A. MacLeod
1929 Princess Court
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

1/09/90

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date

\$

600.00

B. Full Name, Mailing Address and ZIP Code

Muriel MacLeod
1929 Princess Court
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

1/09/90

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date

\$

500.00

C. Full Name, Mailing Address and ZIP Code

Jack M. Barry, Jr.
1945 8th Terrace, S.E.
Winter Haven, FL 33880

Name of Employer

The Barry Companies

Date (month,
day, year)

4/11/90

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

citrus

Aggregate Year-to-Date

\$

400.00

D. Full Name, Mailing Address and ZIP Code

Ruth Kovach
1949 Oak Ridge Court
Clearwater, FL 34619

Name of Employer

information requested

Date (month,
day, year)

3/05/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date

\$

330.00

E. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

4/02/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

housewife

Aggregate Year-to-Date

\$

660.00

F. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

4/02/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

housewife

Aggregate Year-to-Date

\$

660.00

G. Full Name, Mailing Address and ZIP Code

Charré Chasnovich, R.D.
information requested

Name of Employer

information requested

Date (month,
day, year)

2/27/90

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date

\$

400.00

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975101738

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 23C

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

PAGE 7 OF 45
FOR LINE NUMBER 118

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 campaign or business 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 NACK

A. Full Name, Mailing Address and ZIP Code Whipple Van Ness Jones, Jr. 1879 Miller Landing Road Tallahassee, FL 32312 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation investor Aggregate Year-to-Date \$	Date (month, day, year) 2/22/91 Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code George S. Webster 1898 S.W. Sixth Court Boca Raton, FL 33486 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation attorney Aggregate Year-to-Date \$	Date (month, day, year) 6/12/91 Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Warren A. DeBord 1925 Illinois Avenue, N.E. St. Petersburg, FL 33713 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer U.S.F. Occupation professor Aggregate Year-to-Date \$	Date (month, day, year) 5/14/91 Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code J. A. MacLeod 1929 Princess Court Naples, FL 33942 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$	Date (month, day, year) 4/05/91 Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Jack M. Barry, Jr. 1945 8th Terrace, S.E. Winter Haven, FL 33880 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Barry Companies Occupation citrus Aggregate Year-to-Date \$	Date (month, day, year) 2/22/91 Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code James Kovach 1949 Oak Ridge Court Clearwater, FL 34619 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation information requested Aggregate Year-to-Date \$	Date (month, day, year) 4/29/91 Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code Harriett G. Harris 1990 El Paso Bartow, FL 33830 \$320 refund 7/22/91 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation housewife Aggregate Year-to-Date \$	Date (month, day, year) 2/11/91 Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 17 OF 75
FOR LINE 11a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

9/12/91

Amount of Each
Receipt this Period

320.00

Receipt For

Primary

☒ General

Other (specify):

housewife

Aggregate Year-to-Date \$

320.00

B. Full Name, Mailing Address and ZIP Code

Alfred H. Drees
1994 S.W. St. Andrews Drive
Palm City, FL 34990

Name of Employer

n/a

Date (month,
day, year)

11/12/91

Amount of Each
Receipt this Period

100.00

Receipt For

☒ Primary☐ General

Other (specify):

retired

Aggregate Year-to-Date \$

300.00

C. Full Name, Mailing Address and ZIP Code

Edward O. Fritts
4441 North 33rd Street
Arlington, VA 22207
unmarked

Name of Employer

NAB

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary☐ General

Other (specify):

president/ceo

Aggregate Year-to-Date \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Television & Radio PAC
1771 N. Street, N.W.
Washington, DC 20036

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For

☐ Primary☐ General

Other (specify):

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

James H. Schipper
2 Stonehedge Point
Naples, FL 33999

Name of Employer

n/a

Date (month,
day, year)

10/02/91

Amount of Each
Receipt this Period

100.00

Receipt For

☒ Primary☐ General

Other (specify):

retired

Aggregate Year-to-Date \$

300.00

F. Full Name, Mailing Address and ZIP Code

James H. Schipper
2 Stonehedge Point
Naples, FL 33999

Name of Employer

n/a

Date (month,
day, year)

11/08/91

Amount of Each
Receipt this Period

100.00

Receipt For

☒ Primary☐ General

Other (specify):

retired

Aggregate Year-to-Date \$

300.00

G. Full Name, Mailing Address and ZIP Code

John D. Carver, Jr.
201 Black Angus Road
Archer, FL 32618

Name of Employer

self-employed

Date (month,
day, year)

8/12/91

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify):

real estate

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

0043973

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 24 110
FOR LINE NUMBER 11a

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 similar 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 NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Kovach 1949 Oak Ridge Court Clearwater, FL 34619	information requested	4/23/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested	Aggregate Year-to-Date \$ 330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe W. Uttinger 1951 S.E. 35th Street Cape Coral, FL 33904	n/a	1/17/92	250.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harriett G. Harris 1990 El Paso Bartow, FL 33830	n/a	4/01/92	330.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation housewife	Aggregate Year-to-Date \$ 330.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830	Citrus Chemical Bank	6/17/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president	Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830	Citrus Chemical Bank	6/29/92	(250.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president	Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830 \$150 refunded 7/27/92	Citrus Chemical Bank	6/29/92	250.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president	Aggregate Year-to-Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose A. Costa, Jr. information requested	information requested	4/08/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested	Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975104

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
Tom L. Harsberger
1024 S.E. Fourth Street
Ft. Lauderdale, FL 33301

Name of Employer

Templeton Intl.

Date (month, day, year)

6/03/93

Amount of Each Receipt this Period
500.00

Occupation

investment counselor

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

Aggregate Year-to-Date > \$

1,500.00

B. Full Name, Mailing Address and ZIP Code

Mary C. Harness
1255 Gulf Shore Blvd., N., #2N
Naples, FL 33940

Name of Employer

n/a

Date (month, day, year)

5/12/93

Amount of Each Receipt this Period
250.00

Occupation

none

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

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Oecil S. Harrell
910 South Himes
Tampa, FL 33629

Name of Employer

PMSI, Inc.

Date (month, day, year)

6/03/93

Amount of Each Receipt this Period
500.00

Occupation

chairman

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

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

John Daniel Harrell
P. O. Box 2768
Pensacola, FL 32513

Name of Employer

self-employed

Date (month, day, year)

1/11/93

Amount of Each Receipt this Period
200.00

Occupation

oil operator

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

Aggregate Year-to-Date > \$

475.00

E. Full Name, Mailing Address and ZIP Code

John Daniel Harrell
P. O. Box 2768
Pensacola, FL 32513

Name of Employer

self-employed

Date (month, day, year)

4/02/93

Amount of Each Receipt this Period
100.00

Occupation

oil operator

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

Aggregate Year-to-Date > \$

475.00

F. Full Name, Mailing Address and ZIP Code

John Daniel Harrell
P. O. Box 2768
Pensacola, FL 32513

Name of Employer

self-employed

Date (month, day, year)

6/17/93

Amount of Each Receipt this Period
175.00

Occupation

oil operator

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

Aggregate Year-to-Date > \$

475.00

G. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month, day, year)

1/25/93

Amount of Each Receipt this Period
330.00

Occupation

housewife

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

Aggregate Year-to-Date > \$

350.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9403097510545

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 23G

Use space
for each category of the
Detailed Summary Page122 331
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

2/20/93

Amount of Each
Receipt this Period(330.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

housewife

Aggregate Year-to-Date > \$

350.00

B. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

2/20/93

Amount of Each
Receipt this Period330.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

housewife

Aggregate Year-to-Date > \$

350.00

C. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Name of Employer

n/a

Date (month,
day, year)

5/13/93

Amount of Each
Receipt this Period

20.00

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

housewife

Aggregate Year-to-Date > \$

350.00

D. Full Name, Mailing Address and ZIP Code

James H. Harrison
18 Wall Street Plaza
Orlando, FL 32801

Name of Employer

Harvey Oil Co.

Date (month,
day, year)

1/28/93

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

James H. Harrison
18 Wall Street Plaza
Orlando, FL 32801

Name of Employer

Harvey Oil Co.

Date (month,
day, year)

2/25/93

Amount of Each
Receipt this Period(500.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

James H. Harrison
18 Wall Street Plaza
Orlando, FL 32801

Name of Employer

Harvey Oil Co.

Date (month,
day, year)

2/25/93

Amount of Each
Receipt this Period500.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

James H. Harrison
18 Wall Street Plaza
Orlando, FL 32801

Name of Employer

Harvey Oil Co.

Date (month,
day, year)

5/03/93

Amount of Each
Receipt this Period

500.00

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975106

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 30 OF 59
FORM LINE NUMBER 11a

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NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

George D. Pensepack
4925 Marshfield Road
Sarasota, FL 34235

Name of Employer

n/a

Date (month, day, year)

12/14/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Shirley S. Pensepack
4925 Marshfield Road
Sarasota, FL 34235

Name of Employer

self-employed

Date (month, day, year)

12/14/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

writer

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

William P. Harris
4961 Jonwood Drive
Sanibel, FL 33957

Name of Employer

n/a

Date (month, day, year)

10/27/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Tom L. Rankin
information requested

Name of Employer

information requested

Date (month, day, year)

11/06/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Stanley Marshall
5009 Brill Point
Tallahassee, FL 32312

Name of Employer

James Madison Inst.

Date (month, day, year)

10/02/89

Amount of Each Receipt this Period

330.00

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

Occupation

president

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Thomas P. Evans
501 East Kennedy Blvd.
Tampa, FL 33602

Name of Employer

Shackleford Farrior

Date (month, day, year)

8/25/89

Amount of Each Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

Ronald M. Johnson
5013 Rahant Street
Bethesda, MD 20816

Name of Employer

information requested

Date (month, day, year)

11/06/89

Amount of Each Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page 11a line number only)

94030975107
900003568

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 21 OF 45
FOR LINE 11a, Page R 11a

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NAME OF COMMITTEE in Full
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Alfred S. Austin 4417 San Miguel Tampa, FL 33629	Name of Employer The Austin Companies	Date (month, day, year) 2/11/91	Amount of Each Receipt this Period 130.00
	Occupation Developer Aggregate Year-to-Date > \$ 130.00		
B. Full Name, Mailing Address and ZIP Code Beverly A. Austin 4417 San Miguel Tampa, FL 33629	Name of Employer n/a	Date (month, day, year) 2/11/91	Amount of Each Receipt this Period 130.00
	Occupation homemaker Aggregate Year-to-Date > \$ 130.00		
C. Full Name, Mailing Address and ZIP Code Larry L. Van Duseldorp 4419 Jackson Street Hollywood, FL 33021	Name of Employer self-employed	Date (month, day, year) 2/07/91	Amount of Each Receipt this Period 400.00
	Occupation direct mail Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code Van L. McNeal 4816 Culbreth Isles Road Tampa, FL 33629 \$130 refund 7/22/91	Name of Employer McNeal International	Date (month, day, year) 4/08/91	Amount of Each Receipt this Period 400.00
	Occupation executive Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Allen W. Reeves 4922 Chariton Ave. Tampa, FL 33603	Name of Employer Reeves Motorcars	Date (month, day, year) 4/23/91	Amount of Each Receipt this Period 250.00
	Occupation car dealer Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Allen W. Reeves 4922 Chariton Ave. Tampa, FL 33603	Name of Employer Reeves Motorcars	Date (month, day, year) 5/23/91	Amount of Each Receipt this Period 100.00
	Occupation car dealer Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code William P. Harris 4961 Joswood Drive Sanibel, FL 33957	Name of Employer n/a	Date (month, day, year) 5/20/91	Amount of Each Receipt this Period 1,000.00
	Occupation retired Aggregate Year-to-Date > \$ 1,000.00		

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

9100070475

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 59 11
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>William P. Harris 4961 Joswood Drive Sanibel, FL 33957</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>1/17/92</p>	<p>Amount of Each Receipt this Period</p> <p>150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>William P. Harris 4961 Joswood Drive Sanibel, FL 33957</p> <p>\$450 refunded 7/27/92</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>2/28/92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Craig H. Roberts information requested</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>information requested</p> <p>Occupation</p> <p>information requested</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>5/20/92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>John F. Rudy, II 5011 Shore Crest Circle Tampa, FL 33609</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Bush, Ross, Gardner</p> <p>Occupation</p> <p>attorney</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>6/12/92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Martha L. Bowers 5016 Saxony Court Cape Coral, FL 33904</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>self-employed</p> <p>Occupation</p> <p>consultant</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>2/26/92</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Marguerite A. Taaffe 5045 38th Avenue, N. St. Petersburg, FL 33710</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>information requested</p> <p>Occupation</p> <p>information requested</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>4/13/92</p>	<p>Amount of Each Receipt this Period</p> <p>330.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Tom McGhee 505 Lancaster St., Apt. 6-B Jacksonville, FL 32204</p> <p>\$500 refunded 7/27/92</p> <p>Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Mac Papers</p> <p>Occupation</p> <p>executive</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p> <p>5/15/92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 5 8

Attachment 24D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886
TAMPA, FLORIDA 33601-1886

3367

July 27, 1992

07-28/92

PAY TO THE
ORDER OF

William P. Harris

\$ 650.00

SIX HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
First Florida Office 1886
211 North Palm Avenue
Tampa, Florida 33606

⑆003367⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM BYCP-3 9-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$650.00

24030973150

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9
FILING NUMBER 20a

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William P. Harris 4961 Joswood Drive Sanibel, FL 33957	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 650.00
B. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 323.00
C. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Run Row Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
E. Full Name, Mailing Address and ZIP Code Wilson C. Luccin 260 N. Ocean Blvd. Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 240.00
G. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Susman 10 Shadder Way Houston, TX 77019	information requested	11/22/89	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested	Aggregate Year to Date \$	250.00
B Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Tiedtke 1000 Holt Avenue Winter Park, FL 32789	self-employed	10/10/89	110.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation agriculture	Aggregate Year to Date \$	110.00
C Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd H. Smith 1001 Fannin St., Suite 2210 Houston, TX 77002	self-employed	7/20/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation oil and gas	Aggregate Year to Date \$	1,000.00
D Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raul G. Stern 1001 S. Bayshore Drive, Suite 1804 Miami, FL 33131	CFRO	9/18/89	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation real estate	Aggregate Year to Date \$	330.00
E Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446	self-employed	9/11/89	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation real estate investor	Aggregate Year to Date \$	380.00
F Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard G. Onkey, M.D. 101 8th Street S. Naples, FL 33940	self-employed	10/16/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation physician	Aggregate Year to Date \$	1,000.00
G Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Molsinger, Jr. 1038-B East Michigan Street Orlando, FL 32806	self-employed	8/28/89	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation attorney	Aggregate Year to Date \$	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page
 PAGE 1 of 51
 FORM LINE NUMBER 11a

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (as Filed)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Wm. R. Hough & Co. Occupation investment broker Date (month, day, year) 5/04/90 Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date \$ 330.00
B. Full Name, Mailing Address and ZIP Code Edward A. Moss 100 N. Biscayne Blvd., #2300 Miami, FL 33132 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer information requested Occupation information requested Date (month, day, year) 6/15/90 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date \$ 500.00
C. Full Name, Mailing Address and ZIP Code Michael C. Addison 10021 Orange Grove Driv Tampa, FL 33618 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Addison, Ketchey etal Occupation attorney Date (month, day, year) 2/14/90 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date \$ 400.00
D. Full Name, Mailing Address and ZIP Code C. Creshull Harrison, Jr. 1004 Sixth St. Marianna, FL 32446 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Occupation real estate investor Date (month, day, year) 4/16/90 Amount of Each Receipt this Period 330.00 Aggregate Year-to-Date \$ 330.00
E. Full Name, Mailing Address and ZIP Code Linda Benson 1015 Galleon Drive Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation housewife Date (month, day, year) 2/13/90 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Tom Benson 1015 Galleon Drive Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Crump Companies Occupation insurance broker Date (month, day, year) 2/13/90 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 1,000.00
G. Full Name, Mailing Address and ZIP Code John E. Warren 10630 Avenue of the P.G.A. Palm Beach Gardens, FL 33418 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation retired Date (month, day, year) 6/20/90 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page 1 of 49
FOR LINE NUMBER 118

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 summary of purposes, other than using the name and address of any political committee to solicit contributions from such committees

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month, day, year)

2/06/91

Amount of Each Receipt this Period

130.00

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

Occupation

investment broker

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

Edward A. Moss
100 N. Biscayne Blvd., #2300
Miami, FL 33132

Name of Employer

information requested

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

130.00

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

Occupation

information requested

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

Charles E. Flansburg
100 Paradise Harbour Blvd., #103
North Palm Beach, FL 33408

Name of Employer

n/a

Date (month, day, year)

1/17/91

Amount of Each Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date \$

250.00

D. Full Name, Mailing Address and ZIP Code

Michael J. Petrina
100 Royal Palm Way
Palm Beach, FL 33480

Name of Employer

n/a

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

100.00

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

Occupation

retired

Aggregate Year-to-Date \$

100.00

E. Full Name, Mailing Address and ZIP Code

Michael J. Petrina
100 Royal Palm Way
Palm Beach, FL 33480

Name of Employer

n/a

Date (month, day, year)

4/22/91

Amount of Each Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date \$

600.00

F. Full Name, Mailing Address and ZIP Code

Richard K. Thornhill
1000 Vicar's Landing Way, Box F-206
Punta Vista Beach, FL 33082

Name of Employer

n/a

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

C. Christian Harrison, Jr.
1004 Sixth St.
Marianna, FL 32446
\$40 refund 7/22/91

Name of Employer

self-employed

Date (month, day, year)

3/08/91

Amount of Each Receipt this Period

330.00

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

Occupation

real estate investor

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 75
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Richard K. Thorndike
1000 Vicar's Landing Way, Box F-206
Porto Vedra Beach, FL 33082

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

9/25/91

Amount of Each Receipt this Period

250.00

B. Full Name, Mailing Address and ZIP Code

Richard K. Thorndike
1000 Vicar's Landing Way, Box F-206
Porto Vedra Beach, FL 33082

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

9/25/91

Amount of Each Receipt this Period

500.00

C. Full Name, Mailing Address and ZIP Code

Jim R. Clare
1002 Loailles de Avila
Tampa, FL 33613

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

Name of Employer

Pan Am Group

Occupation

owner

Aggregate Year-to-Date > \$

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

500.00

D. Full Name, Mailing Address and ZIP Code

C. Creshull Harrison, Jr.
1004 Sixth St.
Marianna, FL 32446

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

Name of Employer

self-employed

Occupation

real estate investor

Aggregate Year-to-Date > \$

Date (month, day, year)

8/08/91

Amount of Each Receipt this Period

40.00

E. Full Name, Mailing Address and ZIP Code

J. F. Davies
101 Ben Franklin Dr., Apt. 86
Sarasota, FL 34243

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

9/24/91

Amount of Each Receipt this Period

200.00

F. Full Name, Mailing Address and ZIP Code

E. H. Pichan, Jr.
101 Centerville Drive, #207
Jacksonville, FL 32216

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

Name of Employer

self-employed

Occupation

engineer

Aggregate Year-to-Date > \$

Date (month, day, year)

10/29/91

Amount of Each Receipt this Period

1,000.00

G. Full Name, Mailing Address and ZIP Code

L. A. Pierce
101 S. Gulfstream Ave., Apt. 6-A
Sarasota, FL 34236

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipt This Page (optional)

TOTAL This Period (last page this line number only)

24030975115

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 3 of 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

R. Corbin Glas
1000 North Ashley Dr., Suite 517
Tampa, FL 33602

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month, day, year)

6/01/92

Amount of Each Receipt this Period

240.00

Occupation

attorney

Aggregate Year to Date \$

250.00

B. Full Name, Mailing Address and ZIP Code

Richard K. Thorndike
1000 Vicar's Landing Way, Box F-206
Ponte Vedra Beach, FL 33082

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month, day, year)

4/08/92

Amount of Each Receipt this Period

140.00

Occupation

retired

Aggregate Year to Date \$

500.00

C. Full Name, Mailing Address and ZIP Code

Bruce C. Starling
1004 Lancaster Drive
Orlando, FL 32806

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month, day, year)

1/27/92

Amount of Each Receipt this Period

500.00

Occupation

information requested

Aggregate Year to Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

C. Creshull Harrison, Jr.
1004 Sixth St.
Marianna, FL 32446

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month, day, year)

2/11/92

Amount of Each Receipt this Period

300.00

Occupation

real estate investor

Aggregate Year to Date \$

300.00

E. Full Name, Mailing Address and ZIP Code

Lloyd H. Smith
101 El Vedoado Road
Palm Beach, FL 33480

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month, day, year)

4/13/92

Amount of Each Receipt this Period

1,000.00

Occupation

retired

Aggregate Year to Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Lloyd H. Smith
101 El Vedoado Road
Palm Beach, FL 33480

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month, day, year)

4/16/92

Amount of Each Receipt this Period

(1,000.00) redesignated

Occupation

retired

Aggregate Year to Date \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Lloyd H. Smith
101 El Vedoado Road
Palm Beach, FL 33480

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month, day, year)

4/16/92

Amount of Each Receipt this Period

1,000.00 redesignated

Occupation

retired

Aggregate Year to Date \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

 PAGE 123 OF 331
 FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

 A. Full Name, Mailing Address and ZIP Code
 C. Creashull Harrison, Jr.
 1004 Sixth St.
 Marianna, FL 32446

 Name of Employer
 self-employed

 Date (month, day, year)
 2/11/93

 Amount of Each Receipt this Period
 330.00

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

 Occupation
 real estate investor
 Aggregate Year-to-Date > \$ 660.00

 B. Full Name, Mailing Address and ZIP Code
 C. Creashull Harrison, Jr.
 1004 Sixth St.
 Marianna, FL 32446

 Name of Employer
 self-employed

 Date (month, day, year)
 3/24/93

 Amount of Each Receipt this Period
 (330.00)
 redesignated

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

 Occupation
 real estate investor
 Aggregate Year-to-Date > \$ 660.00

 C. Full Name, Mailing Address and ZIP Code
 C. Creashull Harrison, Jr.
 1004 Sixth St.
 Marianna, FL 32446

 Name of Employer
 self-employed

 Date (month, day, year)
 3/24/93

 Amount of Each Receipt this Period
 330.00
 redesignated

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

 Occupation
 real estate investor
 Aggregate Year-to-Date > \$ 660.00

 D. Full Name, Mailing Address and ZIP Code
 C. Creashull Harrison, Jr.
 1004 Sixth St.
 Marianna, FL 32446

 Name of Employer
 self-employed

 Date (month, day, year)
 4/30/93

 Amount of Each Receipt this Period
 330.00

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

 Occupation
 real estate investor
 Aggregate Year-to-Date > \$ 660.00

 E. Full Name, Mailing Address and ZIP Code
 J. Steven Hart
 1155 21st Street, N.W., Suite 300
 Washington, D.C. 20036

 Name of Employer
 Williams & Jensen

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

 Amount of Each Receipt this Period
 1,000.00

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

 Occupation
 attorney
 Aggregate Year-to-Date > \$ 1,000.00

 F. Full Name, Mailing Address and ZIP Code
 Robert H. W. Hart
 P. O. Box 1101
 Winter Haven, FL 33802

 Name of Employer
 Robert H. Hart & Sons

 Date (month, day, year)
 5/17/93

 Amount of Each Receipt this Period
 330.00

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

 Occupation
 oil jobber
 Aggregate Year-to-Date > \$ 330.00

 G. Full Name, Mailing Address and ZIP Code
 Robert H. W. Hart
 P. O. Box 1101
 Winter Haven, FL 33802

 Name of Employer
 Robert H. Hart & Sons

 Date (month, day, year)
 6/17/93

 Amount of Each Receipt this Period
 (330.00)
 redesignated

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

 Occupation
 oil jobber
 Aggregate Year-to-Date > \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Frankie E. Hotopp P. O. Box 110 St. James City, FL 33956	Name of Employer n/a	Date (month, day, year) 9/18/89	Amount of Each Receipt this Period 5.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation homemaker Aggregate Year-to-Date > \$ 255.00		
B. Full Name, Mailing Address and ZIP Code Frankie E. Hotopp P. O. Box 110 St. James City, FL 33956	Name of Employer n/a	Date (month, day, year) 11/28/89	Amount of Each Receipt this Period 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation homemaker Aggregate Year-to-Date > \$ 255.00		
C. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33882	Name of Employer Robert H. Hart & Sons	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation oil jobber Aggregate Year-to-Date > \$ 330.00		
D. Full Name, Mailing Address and ZIP Code H. L. Culbreath, Jr. P. O. Box 111 Tampa, FL 33601	Name of Employer Teco Energy, Inc.	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation chairman Aggregate Year-to-Date > \$ 1,330.00		
E. Full Name, Mailing Address and ZIP Code J. Janis Guzzle P. O. Box 111 Tampa, FL 33602	Name of Employer information requested	Date (month, day, year) 8/30/89	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation information requested Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code Timothy L. Guzzle P. O. Box 111 Tampa, FL 33601	Name of Employer Teco Energy, Inc.	Date (month, day, year) 8/30/89	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation president Aggregate Year-to-Date > \$ 330.00		
G. Full Name, Mailing Address and ZIP Code Amy R. Connor P. O. Box 11187 Tallahassee, FL 32308	Name of Employer information requested	Date (month, day, year) 7/13/89	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation information requested Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 22 of 27
Filing Unit Number
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Scott F. Shapiro, M.D.
936 John Anderson Drive
Ormond Beach, FL 32176

Name of Employer

self-employed

Date (month,
day, year)

10/30/90

Amount of Each
Receipt this Period

\$500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

CEO

Aggregate Year-to-Date \$

800.00

C. Full Name, Mailing Address and ZIP Code

John H. Quinn
Hartford Bldg., Suite 1270
Orlando, FL 32801

Name of Employer

self-employed

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

11/14/90

Amount of Each
Receipt this Period

50.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

380.00

E. Full Name, Mailing Address and ZIP Code

J. Hawley Smith, Jr.
One San Jose Place, Suite 7
Jacksonville, FL 32257

Name of Employer

H. Smith, Inc.

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Thomas R. Grady
P. O. Box 10909
Naples, FL 33941

Name of Employer

information requested

Date (month,
day, year)

7/06/90

Amount of Each
Receipt this Period

125.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Robert H. W. Hart
P. O. Box 1101
Winter Haven, FL 33882

Name of Employer

Robert H. Hart & Sons

Date (month,
day, year)

8/21/90

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

oil jobber

Aggregate Year-to-Date \$

330.00

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate subtotals
for each category of the
Detailed Summary Page
 PAGE 34 OF 48
 FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold C. Hough One Beach Drive, S.E., #1003 St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wm. R. Hough & Co. Occupation: community relations Aggregate Year-to-Date: 330.00	2/04/91	330.00
J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Witt-Touchton Co. Occupation: administrative Aggregate Year-to-Date: 330.00	2/01/91	330.00
Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ind. Ins. Group Occupation: insurance Aggregate Year-to-Date: 400.00	1/30/91	400.00
J. H. Baroco P. O. Box 10729 Pensacola, FL 32504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: retired Aggregate Year-to-Date: 400.00	1/11/91	400.00
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33882 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Robert H. Hart & Sons Occupation: oil jobber Aggregate Year-to-Date: 330.00	2/15/91	330.00
H. L. Culbreath, Jr. P. O. Box 111 Tampa, FL 33601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Teco Energy, Inc. Occupation: chairman Aggregate Year-to-Date: 330.00	2/15/91	330.00
K. Jarvis Gullatt P. O. Box 111 Tampa, FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: housewife Aggregate Year-to-Date: 330.00	4/22/91	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 89 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond K. Mason, Jr. P. O. Box 10696 Jacksonville, FL 32207	information requested	5/15/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other (specify))	Occupation information requested		
	Aggregate Year to Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. H. Baroco P. O. Box 10729 Pensacola, FL 32504	n/a	3/10/92	200.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (Other (specify))	Occupation retired		
	Aggregate Year to Date	\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. H. Baroco P. O. Box 10729 Pensacola, FL 32504	n/a	3/10/92	200.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (Other (specify))	Occupation retired		
	Aggregate Year to Date	\$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802 \$320 refunded 7/27/92	Robert H. Hart & Sons	3/18/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other (specify))	Occupation oil jobber		
	Aggregate Year to Date	\$ 330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy L. Guzzie P. O. Box 111 Tampa, FL 33601	Teco Energy, Inc.	5/19/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other (specify))	Occupation president		
	Aggregate Year to Date	\$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy L. Guzzie P. O. Box 111 Tampa, FL 33601	Teco Energy, Inc.	6/29/92	(320.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (Other (specify))	Occupation president		
	Aggregate Year to Date	\$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy L. Guzzie P. O. Box 111 Tampa, FL 33601	Teco Energy, Inc.	6/29/92	320.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (Other (specify))	Occupation president		
	Aggregate Year to Date	\$ 330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL The Period (last page this line number only)

9 2 2 0 1 7 3 1 5 7

Attachment # 26E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3366

July 27, 1992

10-25/92

PAY TO THE
ORDER OF

Robert H. W. Hart

\$ 320.00

THREE HUNDRED TWENTY AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
Bank Plaza Office 500
501 West First Street
Tampa, Florida 33602

⑆003366⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM BYCP-3 V-6

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$320.00

9 4 0 3 0 9 7 5 1 2 2
9 2 2 0 1 7 3 1 5 7

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePA - E
7 9
LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
E. Full Name, Mailing Address and ZIP Code Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
G. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
H. Full Name, Mailing Address and ZIP Code Robert J. Brusck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
I. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seaseys Drive Delray Beach, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

949309075015244

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page124 331
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Robert H. W. Hart
P. O. Box 1101
Winter Haven, FL 33802

Name of Employer

Robert H. Hart & Sons

Date (month,
day, year)

6/17/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify)

Occupation

oil jobber

Aggregate Year-to-Date > \$ 330.00

B. Full Name, Mailing Address and ZIP Code

William M. Hart
information requested

Name of Employer

information requested

Date (month,
day, year)

5/11/93

Amount of Each
Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code

Alan Hartenstein
6754 Lenczyk Drive
Jacksonville, FL 32211

Name of Employer

information requested

Date (month,
day, year)

5/11/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

information requested

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code

Frank W. Harvey
5210 Interbay Blvd., IV
Tampa, FL 33611

Name of Employer

n/a

Date (month,
day, year)

5/25/93

Amount of Each
Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code

Betty Jane Hater
4814 Culbreath Isles Road
Tampa, FL 33629

Name of Employer

n/a

Date (month,
day, year)

1/27/93

Amount of Each
Receipt this Period

250.00

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

Occupation

none

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Betty Jane Hater
4814 Culbreath Isles Road
Tampa, FL 33629

Name of Employer

n/a

Date (month,
day, year)

3/02/93

Amount of Each
Receipt this Period

250.00

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

Occupation

none

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Betty Jane Hater
4814 Culbreath Isles Road
Tampa, FL 33629

Name of Employer

n/a

Date (month,
day, year)

4/13/93

Amount of Each
Receipt this Period(250.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify)

Occupation

none

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030807501:245

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER

11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE HICK

A. Full Name, Mailing Address and ZIP Code

Jolyne R. Blanton
P. O. Box 3256
Pensacola, FL 32516

Name of Employer

Escambia Construction

Date (month,
day, year)

3/21/89

Amount of Each
Receipt this Period

750.00

Receipt For

☒ Primary
Other (specify)☐ General

Occupation

president

Aggregate Year to Date

750.00

B. Full Name, Mailing Address and ZIP Code

Joe Mazzolla
P. O. Box 3368
N. Ft. Myers, FL 33903

Name of Employer

Raymond Bldg Supplies

Date (month,
day, year)

1/20/89

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary
Other (specify)☒ General

Occupation

president

Aggregate Year to Date

500.00

C. Full Name, Mailing Address and ZIP Code

Ward L. Quaal
P. O. Box 368
Winnetka, IL 60093

Name of Employer

Ward L. Quaal Co.

Date (month,
day, year)

5/19/89

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary
Other (specify)☐ General

Occupation

president

Aggregate Year to Date

1,000.00

D. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

4/13/89

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary
Other (specify)☐ General

Occupation

contractor

Aggregate Year to Date

250.00

E. Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
P. O. Box 3830
St. Petersburg, FL 33731

Name of Employer

First Florida Bank

Date (month,
day, year)

2/21/89

Amount of Each
Receipt this Period

100.00

Receipt For

☒ Primary
Other (specify)☐ General

Occupation

president

Aggregate Year to Date

930.00

F. Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
P. O. Box 3830
St. Petersburg, FL 33731

Name of Employer

First Florida Bank

Date (month,
day, year)

4/26/89

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary
Other (specify)☐ General

Occupation

president

Aggregate Year to Date

930.00

G. Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
P. O. Box 3830
St. Petersburg, FL 33731

Name of Employer

First Florida Bank

Date (month,
day, year)

6/26/89

Amount of Each
Receipt this Period

500.00

Receipt For

☐ Primary
Other (specify)☒ General

Occupation

president

Aggregate Year to Date

930.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the following Summary Page

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, Jr.
P. O. Box 368
Frostproof, FL 33843

Name of Employer

self-employed

Date (month, day, year)

9/05/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

citrus and cattle

Aggregate Year to Date

\$ 330.00

B. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

H&H Marine

Date (month, day, year)

9/05/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

contractor

Aggregate Year to Date

\$ 580.00

C. Full Name, Mailing Address and ZIP Code

Thomas E. Oakley
P. O. Box 4170
Lake Wales, FL 33859

Name of Employer

Oakley Groves, Inc.

Date (month, day, year)

8/29/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

owner

Aggregate Year to Date

\$ 330.00

D. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thonotosassa, FL 33592

Name of Employer

Lykes Brothers

Date (month, day, year)

11/06/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

finance

Aggregate Year to Date

\$ 330.00

E. Full Name, Mailing Address and ZIP Code

Charles S. Isler, III
P. O. Box 430
Panama City, FL 32402

Name of Employer

Isler, Harmon & Banks

Date (month, day, year)

9/11/89

Amount of Each Receipt this Period

330.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

attorney

Aggregate Year to Date

\$ 330.00

F. Full Name, Mailing Address and ZIP Code

Miccosukee Tribe of Indians
P. O. Box 44021
Miami, FL 33144

Name of Employer

n/a

Date (month, day, year)

7/31/89

Amount of Each Receipt this Period

50.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

n/a

Aggregate Year to Date

\$ 800.00

G. Full Name, Mailing Address and ZIP Code

Dwight M. DeVane, Sr.
P. O. Box 457
Polk City, FL 33868

Name of Employer

n/a

Date (month, day, year)

7/13/89

Amount of Each Receipt this Period

500.00

Receipt For

☒ Secretary ☐ General
Other (specify)

Occupation

retired

Aggregate Year to Date

\$ 830.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 46 of 51
FORM NO. 113

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Robert C. Rasmussen
P. O. Box 3333
Tampa, FL 33601

Name of Employer

Glenn, Rasmussen et al

Date (month, day, year)

4/16/90

Amount of Each Receipt this Period

330.00

Occupation

attorney

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

Robert P. Marler
P. O. Box 36323
Pensacola, FL 32546

Name of Employer

n/a

Date (month, day, year)

1/18/90

Amount of Each Receipt this Period

400.00

Occupation

retired

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thornton, FL 33592

Name of Employer

HNH Marine

Date (month, day, year)

4/19/90

Amount of Each Receipt this Period

330.00

Occupation

contractor

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

330.00

Full Name, Mailing Address and ZIP Code

Joseph T. Lettalleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

5/14/90

Amount of Each Receipt this Period

330.00

Occupation

real estate

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Nasir Khalidi, M.D.
P. O. Box 4090
Port Charlotte, FL 33949

Name of Employer

self-employed

Date (month, day, year)

2/06/90

Amount of Each Receipt this Period

500.00

Occupation

physician

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

Lorena Jacob
P. O. Box 428
Mango, FL 33550

Name of Employer

JFI, Inc.

Date (month, day, year)

2/09/90

Amount of Each Receipt this Period

400.00

Occupation

public relations

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

400.00

G. Full Name, Mailing Address and ZIP Code

William C. Rasmussen
P. O. Box 439
Palm City, FL 34990

Name of Employer

self-employed

Date (month, day, year)

5/24/90

Amount of Each Receipt this Period

400.00

Occupation

consultant

Receipt For

Primary ☒ Other (specify)General ☐

Aggregate Year-to-Date \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 40 OF 49
FOR LINE NUMBER 118

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, except upon the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Martha Blanton
P. O. Box 3296
Pensacola, FL 32516

Name of Employer

Escomb's Construction

Date (month,
day, year)

1/07/91

Amount of Each
Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

builder

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Joseph F. Cronin
P. O. Box 33042
St. Petersburg, FL 33733

Name of Employer

Florida Progress Corp

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

assoc. vice-president

Aggregate Year-to-Date > \$

400.00

C. Full Name, Mailing Address and ZIP Code

Robert C. Remannsen
P. O. Box 3333
Tampa, FL 33601

Name of Employer

Glenn, Remannsen et al

Date (month,
day, year)

2/08/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

330.00

D. Full Name, Mailing Address and ZIP Code

Ellis W. Goodman
P. O. Box 3588
Sarasota, FL 34230

Name of Employer

Twin City Dist., Inc.

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

Kenneth D. Stern
P. O. Box 3678
Boca Raton, FL 33427

Name of Employer

Kenneth D. Stern, PA

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

500.00

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

H. H. Harkley
P. O. Box 369
Thornton, FL 33592
\$240 refund 7/22/91

Name of Employer

HHH Marine

Date (month,
day, year)

1/28/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

contractor

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

LARRY JONES
P. O. Box 428
Hargo, FL 33550

Name of Employer

JFI, Inc.

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

public relations

Aggregate Year-to-Date > \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use spaces provided for each category of the General Summary Page

PAGE 68 OF 75
FOR LINE NUMBER 118

Any information copied from such figures 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 CONTRIBUTOR IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John E. Marshall
P. O. Box 338
Boca Grande, FL 33921

Name of Employer

N/A

Date (month,
day, year)

12/14/91

Amount of Each
Receipt this Period

1,000.00

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

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 349
Thonotosassa, FL 33592

Name of Employer

H&H Marine

Date (month,
day, year)

8/06/91

Amount of Each
Receipt this Period

240.00

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

Occupation

contractor
Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 349
Thonotosassa, FL 33592

Name of Employer

H&H Marine

Date (month,
day, year)

10/25/91

Amount of Each
Receipt this Period

250.00

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

Occupation

contractor
Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Ronald W. Moore
P. O. Box 406
Tampa, FL 33601

Name of Employer

Moore-Taggart

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

500.00

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

Occupation

developer
Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Lorena Jaab
P. O. Box 428
Hargo, FL 33550

Name of Employer

JFI, Inc.

Date (month,
day, year)

11/29/91

Amount of Each
Receipt this Period

200.00

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

Occupation

public relations
Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Lorena Jaab
P. O. Box 428
Hargo, FL 33550

Name of Employer

JFI, Inc.

Date (month,
day, year)

11/29/91

Amount of Each
Receipt this Period

800.00

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

Occupation

public relations
Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

ROBERT A. JAAB
P. O. Box 428
Hargo, FL 34262

Name of Employer

JFI, Inc.

Date (month,
day, year)

11/29/91

Amount of Each
Receipt this Period

1,000.00

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

Occupation

retail grocer
Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 27F

Use a
for each category of the
Detailed Summary Page121 331
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Alan C. Halman
25943 Lolissa Lane
Maitland, FL 32751

Name of Employer

HHCP/Architects

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

architect

Aggregate Year-to-Date > \$

250.00

B. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

1/22/93

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

contractor

Aggregate Year-to-Date > \$

430.00

C. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

2/10/93

Amount of Each
Receipt this Period(330.00)
redesignated

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

contractor

Aggregate Year-to-Date > \$

430.00

D. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

2/10/93

Amount of Each
Receipt this Period330.00
redesignated

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

contractor

Aggregate Year-to-Date > \$

430.00

E. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

4/30/93

Amount of Each
Receipt this Period

100.00

Receipt For

☐ Primary☒ General☐ Other (specify)

Occupation

contractor

Aggregate Year-to-Date > \$

430.00

F. Full Name, Mailing Address and ZIP Code

Robert R. Hendry
200 E. Robinson Street, Suite 500
Orlando, FL 32801

Name of Employer

Hendry, Stoner et al

Date (month,
day, year)

6/02/93

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Francisco Hernandez
8201 S.W. 100th Street
Miami, FL 33156

Name of Employer

information requested

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975131
930070351

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
(Detailed Summary Page)PAGE 80 of 110
FOLIO LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice W. Cornell 801 Laurel Oak Drive, Suite 620 Naples, FL 33963	n/a	4/10/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher R. P. Rodgers 801 N. Ocean Blvd. Delray Beach, FL 33444	n/a	2/04/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay S. Salby 801 N. Venetian Drive Miami, FL 33139	ICC	3/20/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation executive	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lasch 803 Sweetwater Blvd., South Longwood, FL 32779	Qualtool, Inc.	2/12/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation president	Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483	information requested	2/08/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year-to-Date \$ 750.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483 \$50 refunded 7/27/92	information requested	4/07/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year-to-Date \$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Wily, Jr. 8080 N. Central Exp., Box 33 Dallas, TX 75206	Sterling Software	5/29/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation vice-chairman	Aggregate Year-to-Date \$ 900.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975132

FOR LINE NUMBER 11a

Use this form only for the purpose of reporting contributions for the purpose of collecting contributions or for commercial purposes. This form is not to be used for the purpose of reporting contributions for the purpose of collecting contributions or for commercial purposes.

Form of Contribution to Plan

Form of Contribution to Plan

Full Name, Mailing Address and ZIP Code Donald J. Gaudin 1225 W. 15th Street, S.E. Fort Lauderdale, FL 33408 Member For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Gaudin, Winkley et al Occupation Vice (firm president) Aggregate Year-to-Date > \$ 225.00	Date Month, day, year 1/17/92	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address and ZIP Code Maricela W. Gonzalez 802 Laurel Oak Drive, Suite 630 Naples, FL 33963 Member For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer N/A Occupation retired Aggregate Year-to-Date > \$ 620.00	Date Month, day, year 9/28/92	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address and ZIP Code Jay S. Sallie 801 N. Variation Drive Miami, FL 33139 Member For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer SOC Occupation executive Aggregate Year-to-Date > \$ 802.00	Date Month, day, year 10/24/92	Amount of Each Receipt this Period 52.00
Full Name, Mailing Address and ZIP Code Jay S. Sallie 801 N. Variation Drive Miami, FL 33139 Member For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer SOC Occupation executive Aggregate Year-to-Date > \$ 802.00	Date Month, day, year 11/24/92	Amount of Each Receipt this Period 900.00
Full Name, Mailing Address and ZIP Code Jay S. Sallie 801 N. Variation Drive Miami, FL 33139 Member For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer SOC Occupation executive Aggregate Year-to-Date > \$ 802.00	Date Month, day, year 1/08/93	Amount of Each Receipt this Period (500.00) redesignated
Full Name, Mailing Address and ZIP Code Jay S. Sallie 801 N. Variation Drive Miami, FL 33139 Member For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer SOC Occupation executive Aggregate Year-to-Date > \$ 802.00	Date Month, day, year 1/08/93	Amount of Each Receipt this Period 500.00 redesignated
Full Name, Mailing Address and ZIP Code Robert G. Henson 808 Seawage Drive Delray Beach, FL 33483 Member For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Information requested Occupation Information requested Aggregate Year-to-Date > \$ 100.00	Date Month, day, year 10/26/92	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page 11a line number only)

93020021649

9 2 2 0 1 7 3 1 6 1

Attachment # 28C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1288
TAMPA, FLORIDA 33601-1288

July 27, 1992

W-24/92

PAY TO THE
ORDER OF

Robert G. Hodson

\$ 50.00

FIFTY AND NO/100

DOLLARS

FIRST
FLORIDA

#003370# ⑆063100264⑆ 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT ISSUED

DELUXE - FORM SVC-4 7-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$50.00

240309351361

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 7 9
FORM LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
E. Full Name, Mailing Address and ZIP Code Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
G. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
H. Full Name, Mailing Address and ZIP Code Robert J. Bruck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
I. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

MODULE A

ITEMIZED RECEIPTS

Attachment # 28E

Use separate
for each unit
Detailed Summary Page

FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>L. J. Hochberg 275 N. Deere Park E. Highland Park, IL 60035</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>information requested</p> <p>Occupation</p> <p>information requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>3/25/93</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Dale E. Hocking 22 Sea Winds Lane, West Punta Vedra Beach, FL 32082</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Methodist Med. Ctr.</p> <p>Occupation</p> <p>vice-president</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>5/17/93</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>1/15/93</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>2/08/93</p>	<p>Amount of Each Receipt this Period</p> <p>(500.00) redesignated</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483</p> <p>Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>2/08/93</p>	<p>Amount of Each Receipt this Period</p> <p>500.00 redesignated</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>2/22/93</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Robert G. Hodson 808 Seasage Drive Delray Beach, FL 33483</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>3/10/93</p>	<p>Amount of Each Receipt this Period</p> <p>(250.00) redesignated</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			
<p>TOTAL This Period (last page this line number only)</p>			

2490330351

FOR LINE NUMBER
11a

FRIENDS OF CONNIE MACK

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Schedule PagePAGE 45 OF 59
FOR LINE NUMBER 118

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

NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Harry Salter
Boca Raton Hotel & Club, Villa 1431
Boca Raton, FL 33432

Name of Employer

n/a

Date (month,
day, year)

10/19/89

Amount of Each
Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > \$

350.00

B. Full Name, Mailing Address and ZIP Code

D. E. Richardson
Box 370
Vero Beach, FL 32961

Name of Employer

self-employed

Date (month,
day, year)

7/14/89

Amount of Each
Receipt this Period

1,000.00

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

Occupation

agriculture

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

John H. Quinn
Hartford Bldg., Suite 1270
Orlando, FL 32801

Name of Employer

self-employed

Date (month,
day, year)

8/25/89

Amount of Each
Receipt this Period

330.00

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

Occupation

Aggregate Year-to-Date > \$

330.00

D. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Nat Asso Pro Baseball

Date (month,
day, year)

11/08/89

Amount of Each
Receipt this Period

400.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

7/06/89

Amount of Each
Receipt this Period

330.00

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

Occupation

community relations

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Jack C. Lynch
One Beach Drive, S.E., #1306
St. Petersburg, FL 33701

Name of Employer

information requested

Date (month,
day, year)

12/06/89

Amount of Each
Receipt this Period

330.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

WTH-Touchton Co.

Date (month,
day, year)

8/21/89

Amount of Each
Receipt this Period

330.00

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

Occupation

executive

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

The number of pages of the
 Schedule Page

 PAGE 30 51
 FOR LINE NUMBER 112

You must include all income from all sources in the year in which it was received, whether or not it was reported on a previous return. Do not include any income that was reported on a previous return.

LIST OF RECEIPTS

1. Full Name, Mailing Address and ZIP Code J. P. Harkins 1111 Macdonald Drive Ft. Pierce, FL 34904	Name of Employer self-employed	Date (month, day, year) 6/08/90	Amount of Each Receipt this Period 600.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation real estate	Aggregate Year-to-Date > 6 600.00	
2. Full Name, Mailing Address and ZIP Code James E. Davis Drawer 2, West Bay Station Jacksonville, FL 32208	Name of Employer Winn Dixie	Date (month, day, year) 2/21/90	Amount of Each Receipt this Period 600.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation CEO	Aggregate Year-to-Date > 6 600.00	
3. Full Name, Mailing Address and ZIP Code Charles J. Criss, Jr. One Beach Drive, #1000 St. Petersburg, FL 33708	Name of Employer Nat Asso Pro Baseball	Date (month, day, year) 4/18/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation attorney	Aggregate Year-to-Date > 6 330.00	
4. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33708	Name of Employer n/a	Date (month, day, year) 5/30/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation retired	Aggregate Year-to-Date > 6 330.00	
5. Full Name, Mailing Address and ZIP Code Daniel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33708	Name of Employer Wm. R. Hough & Co.	Date (month, day, year) 5/04/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation community relations	Aggregate Year-to-Date > 6 330.00	
6. Full Name, Mailing Address and ZIP Code Edward W. Hill, Jr. One Beach Drive, S.E., #2621 St. Petersburg, FL 33708	Name of Employer n/a	Date (month, day, year) 4/20/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation retired	Aggregate Year-to-Date > 6 330.00	
7. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Name of Employer Witt-Touchton Co.	Date (month, day, year) 1/30/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation executive	Aggregate Year-to-Date > 6 330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page 40 and transfer only)

SCHEDULE A

ITEMIZED RECEIPTS

Use spaces scheduled
for each category of the
Detailed Summary PagePage 34 of 48
FOR LAST INCOME #
118

Any information copied from such Reports and Statements may not be 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 which contributions from such committee.

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Mabel C. Haugh
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Wm. R. Haugh & Co.

Occupation

community relations
Aggregate Year-to-Date > \$Date (month,
day, year)

2/04/91

Amount of Each
Receipt this Period

330.00

B. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Witt-Touchton Co.

Occupation

executive
Aggregate Year-to-Date > \$Date (month,
day, year)

2/01/91

Amount of Each
Receipt this Period

330.00

C. Full Name, Mailing Address and ZIP Code

Wilford C. Lyon, Jr.
One Independence Square
Jacksonville, FL 32202Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Ind. Ins. Group

Occupation

insurance
Aggregate Year-to-Date > \$Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

D. Full Name, Mailing Address and ZIP Code

J. H. Baroco
P. O. Box 10729
Pensacola, FL 32504Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired
Aggregate Year-to-Date > \$Date (month,
day, year)

1/11/91

Amount of Each
Receipt this Period

400.00

E. Full Name, Mailing Address and ZIP Code

Robert H. W. Hart
P. O. Box 1101
Winter Haven, FL 33882Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Robert H. Hart & Sons

Occupation

oil jobber
Aggregate Year-to-Date > \$Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

330.00

F. Full Name, Mailing Address and ZIP Code

H. L. Oulbreath, Jr.
P. O. Box 111
Tampa, FL 33601Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Teco Energy, Inc.

Occupation

chairman
Aggregate Year-to-Date > \$Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

330.00

G. Full Name, Mailing Address and ZIP Code

K. JAMES GIBBINS
P. O. Box 111
Tampa, FL 33602Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

homeowner
Aggregate Year-to-Date > \$Date (month,
day, year)

4/22/91

Amount of Each
Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 118
87 110
FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General \$300 refunded 7/27/92 Other (specify):	Winn Dixie Occupation: Aggregate Year-to-Date: \$	5/15/92	140.00
B. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Wood & Crist Occupation: Aggregate Year-to-Date: \$	1/13/92	330.00
C. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	n/a Occupation: Aggregate Year-to-Date: \$	2/11/92	250.00
D. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	n/a Occupation: Aggregate Year-to-Date: \$	3/04/92	80.00
E. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 \$320 refunded 7/27/92 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Wm. R. Hough & Co. Occupation: Aggregate Year-to-Date: \$	2/26/92	330.00
F. Full Name, Mailing Address and ZIP Code Rosemary Galbraith One Beach Drive, S.E., #1802 St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Templeton Mutual Fund Occupation: Aggregate Year-to-Date: \$	4/21/92	700.00
G. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602 \$320 refunded 7/27/92 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Witt-Touchton Co. Occupation: Aggregate Year-to-Date: \$	2/28/92	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 6 0

Attachment # 29E

FRIENDS OF CONNIE BLACK

PRIMARY ACCOUNT

P. O. BOX 1988

TAMPA, FLORIDA 33614-1988

3369

July 27, 1992

65-25/801

PAY TO THE
ORDER OF

Hazel C. Hough

\$ 320.00

THREE HUNDRED TWENTY AND NO/100 ----- DOLLARS

FIRST FLORIDA



⑆003369⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE BLACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-6 V-6

9 4 0 3 0 9 7 5 1 4 2
7 0 0 0 0 1 7 3 1 6 0

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$320.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule B
for each category of the
Detailed Summary PagePAGE
3 9
FOR LINE NUMBER

20a

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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 HACK

A. Full Name, Mailing Address and ZIP Code

Fred L. MacLeod
P. O. Box 5683
Orlando, FL 32805

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

B. Full Name, Mailing Address and ZIP Code

F. Robert Becker
5154 Hanover Lane
Lakeland, FL 33813

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

290.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

C. Full Name, Mailing Address and ZIP Code

George T. Edwards, M.D.
2824 NE 38th St.
Ft. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

250.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

D. Full Name, Mailing Address and ZIP Code

George W. Harris, Jr.
1990 El Paso
Bartow, FL 33830

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

150.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

E. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

F. Full Name, Mailing Address and ZIP Code

Henry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

G. Full Name, Mailing Address and ZIP Code

Herbert E. Ehlers
3 Harborside
Belleair, FL 34616

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

450.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

H. Full Name, Mailing Address and ZIP Code

Hymen Lake
7388 Chancery Lane
Orlando, FL 32809

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

220.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

I. Full Name, Mailing Address and ZIP Code

Hy Solomon
2200 W. Dixie Highway
Hollywood, FL 33020

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

50.00

Disbursement for ☒ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 29G

Use a separate line for each category of the Detailed Summary Page

134 331
FOR LINE NUMBER
118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

24030975144
9:00:00

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 29H

Use only for year
Detailed Summary Page

FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

670.00

Receipt For

☐ Primary

☒ General

☐ Other (specify)

Occupation

community relations

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

3/30/93

Amount of Each
Receipt this Period

333.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

4/08/93

Amount of Each
Receipt this Period

(333.00)
redesignated

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

4/08/93

Amount of Each
Receipt this Period

333.00
redesignated

Receipt For

☐ Primary

☒ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

667.00

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

(667.00)
redesignated

Receipt For

☒ Primary

☐ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

667.00
redesignated

Receipt For

☐ Primary

☒ General

☐ Other (specify)

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9490300907056459

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Schedules E, F, G, and H

PAGE 1 OF 1
FOR LINE NUMBER 11a

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 summary of 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 ORVILLE HUCK

A. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date > \$ 130.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code Ruth Kovach 1 Bay Capri, 613 East Treasure Island, FL 33706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 4/21/89	Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code Harry Hood Bassett 100 N. Biscayne Blvd., #2200 Miami, FL 33132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 1/16/89	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Harry R. Bright 1003 N. 58th Ave. Pensacola, FL 32506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Hess Marine Occupation administrator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 1/03/89	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Harry R. Bright 1003 N. 58th Ave. Pensacola, FL 32506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Hess Marine Occupation administrator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 2/13/89	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Harry R. Bright 1003 N. 58th Ave. Pensacola, FL 32506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Hess Marine Occupation administrator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 6/22/89	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Sylvia A. Hall 1045 5th Avenue, North Naples, FL 33940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 1/17/89	Amount of Each Receipt this Period 700.00

SUBTOTAL of Receipts TEL Page (optional)

TOTAL This Period TEL page (do not include cash)

The donor provided
a copy of this
document to the
recipient.

PAGE 1 31
FOR LINE NUMBER 116

STATEMENT OF CONTRIBUTIONS

<p>A. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1000 St. Petersburg, FL 33706</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer Wm. R. Hough & Co.</p> <p>Occupation Investment broker</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 5/04/90</p> <p>Amount of Each Receipt this Period 330.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Edward A. Moss 100 N. Biscayne Blvd., #2300 Miami, FL 33132</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer Information requested</p> <p>Occupation Information requested</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 6/15/90</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael C. Addison 10021 Orange Grove Drive Tampa, FL 33626</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer Addison, Ketchey et al</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 2/14/90</p> <p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code C. Cromwell Harrison, Jr. 1004 Sixth St. Miami, FL 32406</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer self-employed</p> <p>Occupation real estate investor</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 4/16/90</p> <p>Amount of Each Receipt this Period 330.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Linda B. Brien 1015 Galleon Drive Naples, FL 33940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer n/a</p> <p>Occupation housewife</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 2/13/90</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Linda B. Brien 1015 Galleon Drive Naples, FL 33940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer Crump Companies</p> <p>Occupation insurance broker</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 2/13/90</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code JOHN E. WILSON 10630 Avenue of the P.G.A. Palm Beach Gardens, FL 33418</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Name of Employer n/a</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > 8</p>	<p>Date (month, day, year) 6/20/90</p> <p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (entered)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page
 Page 1 of 45
 FOR LINE NUMBER 118

Any information reported 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 contributors.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

 William R. Nough
 1 Beach Dr., S.E., Apt. 1002
 St. Petersburg, FL 33701

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

Name of Employer

Wm. R. Nough & Co.

Occupation

Investment broker

Aggregate Year-to-Date

Date (month, day, year)

2/06/91

Amount of Each Receipt this Period

130.00

B. Full Name, Mailing Address and ZIP Code

 Richard A. Noss
 100 N. Biscayne Blvd., #2300
 Miami, FL 33132

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

Name of Employer

information requested

Occupation

information requested

Aggregate Year-to-Date

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

130.00

C. Full Name, Mailing Address and ZIP Code

 Charles E. Flannery
 100 Paradise Harbour Blvd., #103
 North Palm Beach, FL 33408

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date

Date (month, day, year)

1/17/91

Amount of Each Receipt this Period

250.00

D. Full Name, Mailing Address and ZIP Code

 Michael J. Petrina
 100 Royal Palm Way
 Palm Beach, FL 33480

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

100.00

E. Full Name, Mailing Address and ZIP Code

 Michael J. Petrina
 100 Royal Palm Way
 Palm Beach, FL 33480

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date

Date (month, day, year)

4/22/91

Amount of Each Receipt this Period

500.00

F. Full Name, Mailing Address and ZIP Code

 Richard K. Thornhill
 1000 Vicar's Landing Way, Box F-206
 Ponte Vedra Beach, FL 33082

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

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code

 C. Creamer Harrison, Jr.
 1004 Sixth St.
 Marianna, FL 32446
 \$40 refund 7/22/91

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

Name of Employer

self-employed

Occupation

real estate investor

Aggregate Year-to-Date

Date (month, day, year)

1/08/91

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	PART 1 1 110 FOR LINE NUMBER 11a
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE in Full
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701 \$323 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wm. R. Hough & Co. Occupation investment broker Aggregate Year-to-Date \$ 323.00	Date (month, day, year) 1/28/92	Amount of Each Receipt this Period 113.00
B. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Occupation agriculture Aggregate Year-to-Date \$ 130.00	Date (month, day, year) 1/17/92	Amount of Each Receipt this Period 140.00
C. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Occupation agriculture Aggregate Year-to-Date \$ 130.00	Date (month, day, year) 2/21/92	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code John Tiedtke 1 Isle of Sicily Winter Park, FL 32789 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Occupation agriculture Aggregate Year-to-Date \$ 330.00	Date (month, day, year) 5/13/92	Amount of Each Receipt this Period 110.00
E. Full Name, Mailing Address and ZIP Code Prativ Patel 100 Horst Road Brandon, FL 33510 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation information requested Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 6/22/92	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$ 700.00	Date (month, day, year) 2/20/92	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480 \$450 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$ 700.00	Date (month, day, year) 3/19/92	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975149
11031

9 2 0 2 0 1 7 3 1 6 2

Attachment # 30E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1000

TAMPA, FLORIDA 33601-1000

8371

July 27, 1992

45-15-001

PAY TO THE
ORDER OF

William R. Hough

\$323.00

THREE HUNDRED TWENTY THREE AND NO/100

DOLLARS

FIRST NATIONAL
FLORIDA

#003371# 60631002640 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THIS ATTACHED CHECK IS IN PAYMENT OF YOUR DEPOSITED DEBIT
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DENIED

DELUXE - FORM SVC-8 5-8

84030973152

DATE

DESCRIPTION

AMOUNT

7/27/92

Contribution Refund

\$323.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

 PAGE 9 9
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 William P. Harris
4961 Joswood Drive
Sanibel, FL 33957

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

650.00

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

 William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

323.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

 William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

200.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

 William J. Kleckhefer
3600 Rum Row
Naples, FL 33940

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

350.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

 Wilson C. Lucum
260 N. Ocean Blvd.
Palm Beach, FL 33480

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

250.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

 W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

240.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

 Zachariah P. Zachariah, M.D.
4725 N. Federal Highway
Ft. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

200.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)Amount of Each
Disbursement This Period

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)Amount of Each
Disbursement This Period

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 30G

Use and
for each
Detailed Summary Page

FOR LINE NUMBER
118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Maal C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

670.00

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

community relations

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

3/30/93

Amount of Each
Receipt this Period

333.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

4/08/93

Amount of Each
Receipt this Period

(333.00)
redesignated

Receipt For

☒ Primary

☐ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

4/08/93

Amount of Each
Receipt this Period

333.00
redesignated

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

667.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

(667.00)
redesignated

Receipt For

☒ Primary

☐ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

667.00
redesignated

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

investment broker

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9490300807056539

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 57 OF 58
FOR LINE 11a
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Nelson P. Davis
P. O. Drawer 550
Ft. Walton Beach, FL 32548

Name of Employer

information requested

Date (month,
day, year)

4/11/89

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

James M. Moran
Post Office Box 1160
Deerfield Beach, FL 33442

Name of Employer

JM Family Enterprises

Date (month,
day, year)

4/03/89

Amount of Each
Receipt this Period

1,000.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

chairman

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

J. Bob Humphries
Post Office Box 1822
Tampa, FL 33601

Name of Employer

Powler, White

Date (month,
day, year)

1/19/89

Amount of Each
Receipt this Period

975.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

attorney

Aggregate Year-to-Date > \$

975.00

D. Full Name, Mailing Address and ZIP Code

Richard C. Martin
Post Office Box 2580
Sarasota, FL 34230

Name of Employer

self-employed

Date (month,
day, year)

6/13/89

Amount of Each
Receipt this Period

750.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

concrete and rebar

Aggregate Year-to-Date > \$

750.00

E. Full Name, Mailing Address and ZIP Code

James C. France
Post Office Box 5
Daytona Beach, FL 32015

Name of Employer

I'natl Speedway Corp.

Date (month,
day, year)

4/14/89

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

president

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Elsie S. Knight
Village of Golf, Box 54
Boynton Beach, FL 33436

Name of Employer

n/a

Date (month,
day, year)

3/06/89

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary
☐ Other (specify):☐ General

Occupation

housewife

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

J. E. Carter
5000 Pinewood Avenue
Jacksonville, FL 32223

Name of Employer

information requested

Date (month,
day, year)

12/19/88

Amount of Each
Receipt this Period(1,000.00)
(returned
check)

Receipt For

☐ Primary
☒ Other (specify):☐ General

Occupation

information requested

Aggregate Year-to-Date > \$

1988 0.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SECTION 4

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 57 OF 59
FOR LINE NUMBER 118

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, when the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Robert B. Clifton
P. O. Drawer 3805
Ocoee, FL 32924

Name of Employer

Clifton Construction

Date (month, day, year)

11/27/89

Amount of Each Receipt this Period

400.00

Occupation

builder

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

Aggregate Year-to-Date > \$ 650.00

B. Full Name, Mailing Address and ZIP Code

Rene F. Coleman
P. O. Drawer 810
Tallahassee, FL 32302

Name of Employer

Holland & Knight

Date (month, day, year)

9/05/89

Amount of Each Receipt this Period

330.00

Occupation

lawyer

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

Aggregate Year-to-Date > \$ 330.00

C. Full Name, Mailing Address and ZIP Code

Robert R. Peegin, III
P. O. Drawer 810
Tallahassee, FL 32302

Name of Employer

Holland & Knight

Date (month, day, year)

9/18/89

Amount of Each Receipt this Period

330.00

Occupation

attorney

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

Aggregate Year-to-Date > \$ 330.00

D. Full Name, Mailing Address and ZIP Code

Bernard Little, Sr.
P.O. Box 1128
Eaton Park, FL 33842

Name of Employer

self-employed

Date (month, day, year)

8/23/89

Amount of Each Receipt this Period

330.00

Occupation

executive

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

Aggregate Year-to-Date > \$ 330.00

E. Full Name, Mailing Address and ZIP Code

J. Bob Humphries
Post Office Box 1822
Tampa, FL 33601

Name of Employer

Fowler, White

Date (month, day, year)

8/21/89

Amount of Each Receipt this Period

25.00

Occupation

attorney

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

Aggregate Year-to-Date > \$ 1,305.00

F. Full Name, Mailing Address and ZIP Code

J. Bob Humphries
Post Office Box 1822
Tampa FL 33601

Name of Employer

Fowler, White

Date (month, day, year)

8/21/89

Amount of Each Receipt this Period

305.00

Occupation

attorney

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

Aggregate Year-to-Date > \$ 1,305.00

G. Full Name, Mailing Address and ZIP Code

Philip B. Crosby
Post Office Box 1927
Winter Park, FL 32790

Name of Employer

PGA, Inc.

Date (month, day, year)

8/25/89

Amount of Each Receipt this Period

330.00

Occupation

chairman

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

Aggregate Year-to-Date > \$ 330.00

SUBTOTAL of Receipts This Page (excludes)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Taxonomy Page

 PAGE 10
 27 27
 FOR LINE 11a
 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

 J. Bob Humphries
 Post Office Box 1822
 Tampa, FL 33601

Name of Employer

Fowler, White

Date (month, day, year)

8/07/90

Amount of Each Receipt this Period

330.00

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

 J. Deering Danielson
 Route 1, Box 142
 Brookier, FL 32622

Name of Employer

n/a

Date (month, day, year)

7/10/90

Amount of Each Receipt this Period

200.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

 J. Deering Danielson
 Route 1, Box 142
 Brookier, FL 32622

Name of Employer

n/a

Date (month, day, year)

10/31/90

Amount of Each Receipt this Period

50.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$

250.00

D. Full Name, Mailing Address and ZIP Code

 Norlene E. Roberts
 Route 1, Box 2900
 Palatka, FL 32077

Name of Employer

information requested

Date (month, day, year)

11/30/90

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

 Gordon W. Walls
 Route 7, Box 168
 Milton, FL 32570

Name of Employer

n/a

Date (month, day, year)

8/07/90

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date \$

800.00

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

12,874.00

SCHEDULE A

ITEMIZED RECEIPTS

The amount contributed for each category of the Detailed Summary Page	PAGE 44 OF 45 FOR LINE NUMBER 110
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Any information copied from such reports and documents 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 which contributions from such committee.

NAME OF COMMITTEE IN FULL
FRIENDS OF CORNIE HUCK

A. Full Name, Mailing Address and ZIP Code Garrett W. Walton P. O. Drawer 1271 Pensacola, FL 32506	Name of Employer Emmanuel, Shppard	Date (month, day, year) 1/02/91	Amount of Each Receipt this Period 400.00
	Occupation attorney Aggregate Year-to-Date > \$ 400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			
B. Full Name, Mailing Address and ZIP Code Patrick G. Emmanuel P. O. Drawer 1271 Pensacola, FL 32506	Name of Employer Emmanuel Shppard etal	Date (month, day, year) 1/07/91	Amount of Each Receipt this Period 400.00
	Occupation attorney Aggregate Year-to-Date > \$ 400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			
C. Full Name, Mailing Address and ZIP Code Bernard Little, Sr. P.O. Box 1128 Baton Rouge, FL 33842	Name of Employer self-employed	Date (month, day, year) 1/31/91	Amount of Each Receipt this Period 600.00
	Occupation executive Aggregate Year-to-Date > \$ 600.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			
D. Full Name, Mailing Address and ZIP Code J. Bob Ruppries Post Office Box 1822 Tampa, FL 33601	Name of Employer Fowler, White	Date (month, day, year) 1/28/91	Amount of Each Receipt this Period 330.00
	Occupation attorney Aggregate Year-to-Date > \$ 330.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:			
E. Full Name, Mailing Address and ZIP Code Phillip A. Crosby Post Office Box 1927 Winter Park, FL 32790	Name of Employer FGA, Inc.	Date (month, day, year) 1/29/91	Amount of Each Receipt this Period 330.00
	Occupation chairman Aggregate Year-to-Date > \$ 330.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			
F. Full Name, Mailing Address and ZIP Code W. E. Brown Post Office Box 5708 Tallahassee, FL 32314	Name of Employer Thomas Chevrolet	Date (month, day, year) 4/02/91	Amount of Each Receipt this Period 400.00
	Occupation car dealer Aggregate Year-to-Date > \$ 400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			
G. Full Name, Mailing Address and ZIP Code W. E. Brown Post Office Box 7126 Pensacola, FL 32514	Name of Employer Inst. Control Service	Date (month, day, year) 1/03/91	Amount of Each Receipt this Period 400.00
	Occupation President Aggregate Year-to-Date > \$ 400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:			

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

91030070498

SCHEDULE A

ITEMIZED RECEIPTS

Use this area to enter:
 For each receipt:
 Date (month, day, year) 109 11
 Page 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	6/27/92	(400.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: retired	Aggregate Year to Date: \$ 400.00	
B Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Fitzhugh K. Powell P. O. Drawer 41490 Jacksonville, FL 32203	n/a	6/27/92	400.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: retired	Aggregate Year to Date: \$ 400.00	
C Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Nelson P. Davis P. O. Drawer 550 Ft. Walton Beach, FL 32548	information requested	5/11/92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: information requested	Aggregate Year to Date: \$ 500.00	
D Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
J. Bob Humphries Post Office Box 1822 Tampa, FL 33601 \$295 refunded 7/27/92	Fowler, White	3/11/92	330.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: attorney	Aggregate Year to Date: \$ 330.00	
E Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Lewis H. Hill, III Post Office Box 3391 Tampa, FL 33601	Hill, Hill & Dickerson	2/04/92	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: attorney	Aggregate Year to Date: \$ 250.00	
F Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
James C. France Post Office Box S Daytona Beach, FL 32015	I'natl Speedway Corp.	4/20/92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: president	Aggregate Year to Date: \$ 500.00	
G Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Dean L. Burtrock 3003 Butterfield Road Oak Brook, IL 60521	Waste Mgmt., Inc.	3/10/92	1,000.00 conducted
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: president & coo	Aggregate Year to Date: \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 2 1 1

Attachment # 31F

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1835

TAMPA, FLORIDA 33601-1835

July 27, 1992

89-28/921

PAY TO THE
ORDER OF

J. Bob Humphries

\$ 295.00

TWO HUNDRED NINETY FIVE AND NO/100 ----- DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
State Bank Office 600
601 West Palm Beach
Tampa, Florida 33606

⑆003420⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
07/27/92	Contribution Refund	\$295.00

07/27/92

Contribution Refund

\$295.00

9403097515

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 9

FOR LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)				
FRIENDS OF CONNIE MACK				
A. Full Name, Mailing Address and ZIP Code Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
B. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 423.00
D. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
E. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403W Boca Raton, FL 33432		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
F. Full Name, Mailing Address and ZIP Code Jay Schenck 4161 John Young Parkway Orlando, FL 32804		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code J. Bob Humphries Post Office Box 1822 Tampa, FL 33601		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 295.00
I. Full Name, Mailing Address and ZIP Code Jim Russakis 8801 Indrio Road Pt. Pierce, FL 34951		Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
SUBTOTAL of Disbursements This Page (sectional)				
TOTAL This Period (last page this line number only)				

The amount collected
for this category of the
Employer's Receipt PagePage 32 of 51
FOR LINE 112STATE OF FLORIDA
DIVISION OF COMMERCEA. Full Name, Mailing Address and ZIP Code
Willa A. Hall
661 Pelican Bay Blvd., 9000
Naples, FL 33940

Name of Employer

Information requested

Date (month,
day, year)
3/01/90Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date > 8 1,000.00

B. Full Name, Mailing Address and ZIP Code
Marilyn A. Hedder
649 Fifth Avenue, South
Naples, FL 33940

Name of Employer

Information requested

Date (month,
day, year)
3/01/90Amount of Each
Receipt this Period
1,000.00Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date > 8 2,000.00

C. Full Name, Mailing Address and ZIP Code
Marilyn A. Hedder
649 Fifth Avenue, South
Naples, FL 33940

Name of Employer

Information requested

Date (month,
day, year)
3/01/90Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date > 8 2,000.00

D. Full Name, Mailing Address and ZIP Code
Frank Hedder, Jr.
649 Fifth Avenue, South
Naples, FL 33940

Name of Employer

Information requested

Date (month,
day, year)
3/01/90Amount of Each
Receipt this Period
1,000.00Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date > 8 2,000.00

E. Full Name, Mailing Address and ZIP Code
Frank Hedder, Jr.
649 Fifth Avenue, South
Naples, FL 33940

Name of Employer

Information requested

Date (month,
day, year)
3/01/90Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

Information requested

Aggregate Year-to-Date > 8 2,000.00

F. Full Name, Mailing Address and ZIP Code
William A. Hall
650 Oakfield Road
Pensacola, FL 32503

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)
1/24/90Amount of Each
Receipt this Period
400.00Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

Contractor

Aggregate Year-to-Date > 8 400.00

G. Full Name, Mailing Address and ZIP Code
LARRY J. CRIVELLO
4507 W. HARTNEY ROAD
Tampa, FL 33610

Name of Employer

Safety Equip. Co.

Date (month,
day, year)
1/01/90Amount of Each
Receipt this Period
330.00Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

President

Aggregate Year-to-Date > 8 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with this number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 26 OF 45
FORM 1041-UB (1998) 116

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NAME OF COMMITTEE In Full

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Ronald Samuels
6130 N. Pensacola Road
Pensacola, FL 32505

Name of Employer

Ron Samuels Toyota

Date (month, day, year)

2/11/91

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

George G. Daniels
6168 Cyril Ave.
Orlando, FL 32809

Name of Employer

Daniels Mfg. Corp.

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 330.00

C. Full Name, Mailing Address and ZIP Code

Arnold H. Mack
625 University Blvd.
Pensacola, FL 32504

Name of Employer

Mack Farms

Date (month, day, year)

1/11/91

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

John T. Orley
6300 Clint Moore Road
Boca Raton, FL 33496

Name of Employer

self-employed

Date (month, day, year)

6/10/91

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

James E. Grobmyer
632 Apalachee Circle, N.E.
St. Petersburg, FL 33702

Name of Employer

Allegheny Health Sys.

Date (month, day, year)

1/30/91

Amount of Each Receipt this Period

330.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 330.00

F. Full Name, Mailing Address and ZIP Code

W. Charles Sorenson, Jr.
649 Fifth Avenue, South, Suite 207
Naples, FL 34104
\$500 refund 7/22/91

Name of Employer

Palmer Cablevision

Date (month, day, year)

4/10/91

Amount of Each Receipt this Period

1,500.00

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,500.00

G. Full Name, Mailing Address and ZIP Code

William A. Hale
650 Oakfield Road
Pensacola, FL 32503

Name of Employer

Gulf-Atlantic Corp.

Date (month, day, year)

1/11/91

Amount of Each Receipt this Period

600.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 600.00

SUBTOTAL Receipts This Page (optional)

TOTAL This Page (use page and line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

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 FOR LINE NUMBER 118

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 On File

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. S. Bedcock, Jr. P. O. Box 497 Mulberry, FL 33803 \$240 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	W. S. Bedcock Corp. Occupation furniture merchant Aggregate Year-to-Date \$	3/02/92	110.00
B. Full Name, Mailing Address and ZIP Code Russell B. Newton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Occupation private investor Aggregate Year-to-Date \$	Date (month, day, year) 3/17/92	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Warren F. Bateman P. O. Box 55-7395 Miami, FL 33255 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer West Publishing Occupation sales Aggregate Year-to-Date \$	Date (month, day, year) 2/04/92	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Eugene H. Beckstein P. O. Box 564 Tallahassee, FL 32304 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation information requested Aggregate Year-to-Date \$	Date (month, day, year) 3/02/92	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Fred L. MacLeod P. O. Box 5683 Orlando, FL 32805 \$320 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer FLM, Inc. Occupation president Aggregate Year-to-Date \$	Date (month, day, year) 6/22/92	Amount of Each Receipt this Period 330.00
F. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Gulf-Atlantic Corp. Occupation contractor Aggregate Year-to-Date \$	Date (month, day, year) 1/09/92	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code William A. Hunt P. O. Box 6068 Pensacola, FL 32503 \$200 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Gulf-Atlantic Corp. Occupation contractor Aggregate Year-to-Date \$	Date (month, day, year) 3/10/92	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 6 4

Attachment # 32D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3373

July 27, 1992

10-25/92

PAY TO THE ORDER OF

William A. Hunt

\$200.00

TWO HUNDRED AND NO/100

DOLLARS

FIRST FLORIDA



#003373# 10631002641 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM SWCP-3 1/8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$200.00

9 4 0 3 0 9 7 5 1 6 3

9 2 2 0 1 7 3 1 6 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
20a

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 William P. Harris
4961 Joswood Drive
Sanibel, FL 33957

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

650.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

B. Full Name, Mailing Address and ZIP Code

 William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

323.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

C. Full Name, Mailing Address and ZIP Code

 William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

200.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

D. Full Name, Mailing Address and ZIP Code

 William J. Kieckhefer
3600 Rum Row
Naples, FL 33940

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

350.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

E. Full Name, Mailing Address and ZIP Code

 Wilson C. Lucas
260 N. Ocean Blvd.
Palm Beach, FL 33480

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

250.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

F. Full Name, Mailing Address and ZIP Code

 W. S. Badcock, Jr.
P. O. Box 497
Mulberry, FL 33803

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

240.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

G. Full Name, Mailing Address and ZIP Code

 Zachariah P. Zachariah, M.D.
4725 N. Federal Highway
Ft. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Date (month, day, year)

7/27/92

Amount of Each Disbursement This Period

200.00

 Disbursement for ☒ Primary ☐ General
☐ Other (specify)

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month, day, year)

Amount of Each Disbursement This Period

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month, day, year)

Amount of Each Disbursement This Period

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
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FOR LINE NUMBER
11a

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 official committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Homer H. Humphries, Jr.
801 Blackstone Blvd.
Jacksonville, FL 32202

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period(200.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 1,200.00

B. Full Name, Mailing Address and ZIP Code

Homer H. Humphries, Jr.
801 Blackstone Blvd.
Jacksonville, FL 32202

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period200.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 1,200.00

C. Full Name, Mailing Address and ZIP Code

Homer H. Humphries, Jr.
801 Blackstone Blvd.
Jacksonville, FL 32202

Name of Employer

self-employed

Date (month,
day, year)

5/03/93

Amount of Each
Receipt this Period

800.00

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

Occupation

attorney

Aggregate Year-to-Date > \$ 1,200.00

D. Full Name, Mailing Address and ZIP Code

Margaret N. Hunt
1015 Sunset Drive
Lake Wales, FL 33853

Name of Employer

self-employed

Date (month,
day, year)

5/14/93

Amount of Each
Receipt this Period

150.00

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

Occupation

citrus

Aggregate Year-to-Date > \$ 350.00

E. Full Name, Mailing Address and ZIP Code

Margaret N. Hunt
1015 Sunset Drive
Lake Wales, FL 33853

Name of Employer

self-employed

Date (month,
day, year)

6/21/93

Amount of Each
Receipt this Period

200.00

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

Occupation

citrus

Aggregate Year-to-Date > \$ 350.00

F. Full Name, Mailing Address and ZIP Code

William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)

2/01/93

Amount of Each
Receipt this Period

400.00

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

Occupation

contractor

Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code

William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)

4/14/93

Amount of Each
Receipt this Period

400.00

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

Occupation

contractor

Aggregate Year-to-Date > \$ 400.00

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Page 1

5

8

FOR LINE 11

200

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

William D. Horvitz
One East Boward Blvd.
Ft. Lauderdale, FL 33301

Purpose of Disbursement

contribution refund

Date (month

day year)

3/25/93

Amount of Disbursement

200.00

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

H. M. Snow, Jr.
P. O. Box 8529
Orlando, FL 32856

Purpose of Disbursement

contribution refund

Date (month

day year)

3/25/93

Amount of Disbursement

70.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

John W. Boyle
7 N. Pine Circle
Belleair, FL 34616

Purpose of Disbursement

contribution refund

Date (month

day year)

3/25/93

Amount of Disbursement

350.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th St., N.
St. Petersburg, FL 33705

Purpose of Disbursement

contribution refund

Date (month

day year)

3/25/93

Amount of Disbursement

90.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Purpose of Disbursement

contribution refund

Date (month

day year)

4/08/93

Amount of Disbursement

400.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Shoshannah Stein
1745 52nd Street
Brooklyn, NY 11204

Purpose of Disbursement

contribution refund

Date (month

day year)

4/08/93

Amount of Disbursement

1,000.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th St., N.
St. Petersburg, FL 33705

Purpose of Disbursement

contribution refund

Date (month

day year)

4/23/93

Amount of Disbursement

240.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Dr., #2702
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month

day year)

4/23/93

Amount of Disbursement

130.00

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

Vernon T. L. Eriksson
P. O. Box 878
Captiva, FL 33924

Purpose of Disbursement

contribution refund

Date (month

day year)

4/23/93

Amount of Disbursement

450.00

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11A

Any information omitted from such reports and summaries may not be told 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 ROCK

A. Full Name, Mailing Address and ZIP Code

**Morris W. Broad
11111 Biscayne Blvd., Rt-B
Miami, FL 33161**

Name of Employer

n/a

Date (month, day, year)
1/05/89

Amount of Each Receipt this Period
500.00

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

Occupation
retired

Aggregate Year-to-Date **> \$ 500.00**

B. Full Name, Mailing Address and ZIP Code

**Mary M. Ashmore
11370 Meadowlark Circle
Boynton Beach, FL 33436**

Name of Employer

n/a

Date (month, day, year)
4/13/89

Amount of Each Receipt this Period
500.00

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

Occupation
housewife

Aggregate Year-to-Date **> \$ 500.00**

C. Full Name, Mailing Address and ZIP Code

**Sylvester Lukis
114 Quincy Street
Chevy Chase, MD 20815**

Name of Employer

Fowler White

Date (month, day, year)
3/17/89

Amount of Each Receipt this Period
1,000.00

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

Occupation
attorney

Aggregate Year-to-Date **> \$ 1,000.00**

D. Full Name, Mailing Address and ZIP Code

**Martha W. Hurd
115 Lenford Road
Piedmont, CA 94611**

Name of Employer

information requested

Date (month, day, year)
3/17/89

Amount of Each Receipt this Period
300.00

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

Occupation
information requested

Aggregate Year-to-Date **> \$ 300.00**

E. Full Name, Mailing Address and ZIP Code

**David H. Simmons
116 S. Orange Ave.
Orlando, FL 32802**

Name of Employer

Drage, Simmons, et al

Date (month, day, year)
3/06/89

Amount of Each Receipt this Period
1,000.00

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

Occupation
attorney

Aggregate Year-to-Date **> \$ 1,000.00**

F. Full Name, Mailing Address and ZIP Code

**John W. Payson
11870 S. Dixie Highway
Hobe Sound, FL 33455**

Name of Employer

self-employed

Date (month, day, year)
1/20/89

Amount of Each Receipt this Period
200.00

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

Occupation
art dealer

Aggregate Year-to-Date **> \$ 200.00**

G. Full Name, Mailing Address and ZIP Code

**John W. Payson
11870 S.E. Dixie Highway
Hobe Sound, FL 33455**

Name of Employer

self-employed

Date (month, day, year)
6/24/89

Amount of Each Receipt this Period
50.00

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

Occupation
art dealer

Aggregate Year-to-Date **> \$ 250.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page 66 line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 110
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. M. Snow, Jr. 1142 Harbour Island Road Orlando, FL 32809	Acc. Surety & Cas. Co	2/04/92	110.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation president	Aggregate Year to Date \$ 580.00	
B. Full Name, Mailing Address and ZIP Code Eleanor P. White 1144 Galleon Drive Naples, FL 33940	n/a	1/21/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Martha W. Hurd 115 Lanford Road Piedmont, CA 94611	n/a	2/19/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Martha W. Hurd 115 Lanford Road Piedmont, CA 94611 \$400 refunded 7/27/92	n/a	4/20/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Robert E. Panoff 11800 S.W. 69th Court Miami, FL 33156	Robert E. Panoff, PA	3/25/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation attorney	Aggregate Year to Date \$ 750.00	
F. Full Name, Mailing Address and ZIP Code Robert E. Panoff 11800 S.W. 69th Court Miami, FL 33156	Robert E. Panoff, PA	4/13/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation attorney	Aggregate Year to Date \$ 750.00	
G. Full Name, Mailing Address and ZIP Code Diane S. Liberman 11878 Fawn Ridge Lane Reston, VA 22074	information requested	4/06/92	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation teacher	Aggregate Year to Date \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 1 7 3 1 6 3

Attachment # 33C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

3372

July 27, 1992

10-10-92

PAY TO THE
ORDER OF

Martha W. Murd

\$ 400.00

FOUR HUNDRED AND NO/100 ----- DOLLARS

FIRST FLORIDA



#003372# 0631002641 400870393#

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

DUPLICATE - FORM SVCP-6 5-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$400.00

9 2 0 1 7 3 1 6 3
0 4 0 3 0 9 7 5 1 6 3
9 0 0 0 1 7 3 1 6 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 6 9
FOR LINE NUMBER
20a

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NAME OF COMMITTEE OR POLITICAL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	490.00
Lillian North 949 Tomas Ct. Orlando, FL 32825	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/92	75.00
Loomis C. Leady, Jr. P. O. Box 711 Orlando, FL 32802	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
Lorena Jacob P. O. Box 428 Mango, FL 33530	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	800.00
Lucie B. Bostick 9 Brogden Court, S.E. Winter Haven, FL 33880	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
Martha W. Hurd 115 Leoford Road Piedmont, CA 94611	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00
Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/92	100.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Do not prepare Schedule A if you are claiming the standard deduction for itemized deductions.

1998
1
28
LINES INCLUDED IN
31a

This information pertains to the tax return and supporting documents. It may not be used or cited by any person for the purpose of obtaining compensation or for commercial purposes, other than for the purpose of advertising or other similar purposes. It is the responsibility of the taxpayer to ensure that the information is accurate and complete.

Amount of each receipt for:

RECEIPTS OF CHARITABLE CONTRIBUTIONS

A. Full Name, Mailing Address and ZIP Code Paul M. Reed 1430 S. Bayshore Drive, #807 Miami, FL 33131 Receipt For: <input type="checkbox"/> Other Specified: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer self-employed Occupation real estate broker Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 6/01/89	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Eddie L. Mills 14363 Puffin Court Clearwater, FL 34622 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer Mills-Anderson Opt. Occupation optician Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 4/26/89	Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code J. Erik Bvide 144 Alexander Palm Rd. Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer Bvide Shipping Occupation president Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/09/89	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Larry S. Duplissy 1451 Clearmont St., N.E. Palm Bay, FL 32905 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer Boys Electric Service Occupation electrical contractor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/22/89	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Christians M. Tyson 1498 Sevilla Avenue Coral Gables, FL 33134 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer self-employed Occupation civil engineer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 1/11/89	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Karen J. Valles 1499 W. Palmetto Park Road Boca Raton, FL 33486 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/04/89	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Joseph E. King 15 Island Drive Treasure Island, FL 33706 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specified:	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 4/26/89	Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Form (see page 10 for instructions)

84030097150091

SCHEDULE A

ITEMIZED RECEIPTS

(See instructions on the back of this page for the purpose of this schedule.)

Page 6 of 59
Form Line Number 118

Any information shown from such reports and documents may not be used or sold by any person for the purpose of making contributions or for commercial purposes, other than using the name and address of any political committee to which contributions from such committee.

NAME OF CONTRIBUTOR TO THIS
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Laurence J. Hoffman 1333 New Hampshire Ave., NW, #400 Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/06/89	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Richard L. Wyatt 1333 New Hampshire Ave., NW, #400 Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/06/89	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code James T. BARNES 135 W. Central, Suite 240 Orlando, FL 32801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Midland Mortgage Occupation banker Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 9/29/89	Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code Patricia Ann Justice 137 S.E. 43rd Terrace Cape Coral, FL 33904 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/02/89	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Richard S. Thompson 1370 A1A Satellite Beach, FL 32937 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation real estate Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/22/89	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code J. Erik Hvide 144 Alexander Palm Rd. Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hvide Shipping Occupation president Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/14/89	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code J. Erik Hvide 144 Alexander Palm Rd. Boca Raton, FL 33432 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hvide Shipping Occupation president Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/14/89	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL (This Period) (See page 40 for instructions)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use space allocated for each category of the Detailed Salary Page	Page	Of
	8	45
	FOR LABEL IN PAGE # 116	

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 BACK			
A. Full Name, Mailing Address and ZIP Code Virginia S. Foster 1423 Colton Road Gladys, PA 19035	Name of Employer Information requested	Date (month, day, year) 2/22/91	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested		
B. Full Name, Mailing Address and ZIP Code Virginia S. Foster 1423 Colton Road Gladys, PA 19035	Name of Employer Information requested	Date (month, day, year) 6/06/91	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested		
C. Full Name, Mailing Address and ZIP Code J. Erik Hvide 1424 N. Ocean Blvd. Gulfstream, FL 33483	Name of Employer Hvide Shipping	Date (month, day, year) 5/02/91	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president		
D. Full Name, Mailing Address and ZIP Code J. Erik Hvide 1424 N. Ocean Blvd. Gulfstream, FL 33483	Name of Employer Hvide Shipping	Date (month, day, year) 5/02/91	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president		
E. Full Name, Mailing Address and ZIP Code A. G. Walsingham 14520 W. Highway 98A Parman City Beach, FL 32413	Name of Employer Alvin's Stores	Date (month, day, year) 2/01/91	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner		
F. Full Name, Mailing Address and ZIP Code C. Michael Smith 15685 Pinebridge Road Ft. Myers, FL 33908	Name of Employer Lee Mar Building	Date (month, day, year) 5/24/91	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president		
G. Full Name, Mailing Address and ZIP Code John A. Holt 16712 Narrows Dr. Jupiter, FL 33477	Name of Employer N/A	Date (month, day, year) 2/15/91	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

CopyFiles
(No Carbon Paper Required)
Try Along Perfection

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1835

TAMPA, FLORIDA 33601-1835

3649

January 22 1993

63-25631

**PAY TO THE
ORDER OF**

J. Erik Hvide

150.00

ONE HUNDRED FIFTY AND NO/100

DOLLARS

**FIRST
FLORIDA**

FLORIDA BANK, N. A.
Hyde Park Office: 003
801 West Platt Street
Tampa, Florida 33606

003649 063100264 400870393

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
01/22/93	Contribution Refund	\$150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 Page 1 of 8
 208

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use these subtotals for each category of the Detailed Summary Page

PAGE 140 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

W. F. Hurlburt, Jr.
P. O. Box 1870
Islamorada, FL 33036

Name of Employer

n/a

Date (month, day, year)

5/11/93

Amount of Each Receipt this Period

300.00
redesignated

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

Occupation

retired

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

W. F. Hurlburt, Jr.
P. O. Box 1870
Islamorada, FL 33036
\$100 refund 7/23/93

Name of Employer

n/a

Date (month, day, year)

6/25/93

Amount of Each Receipt this Period

100.00

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

Occupation

retired

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Michael E. Hurst
890 Renmar Drive
Plantation, FL 33317

Name of Employer

self-employed

Date (month, day, year)

3/08/93

Amount of Each Receipt this Period

250.00

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

Occupation

restaurantier

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

William S. Hussey
15950 Country Court
Ft. Myers, FL 33912

Name of Employer

Columbia Hosp. Corp.

Date (month, day, year)

3/29/93

Amount of Each Receipt this Period

1,000.00

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

Occupation

health care exec.

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Albert Hutchinson
information requested

Name of Employer

information requested

Date (month, day, year)

1/12/93

Amount of Each Receipt this Period

1,000.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

J. Erik Hvide
1424 N. Ocean Blvd.
Gulfstream, FL 33483

Name of Employer

Hvide Shipping

Date (month, day, year)

2/18/93

Amount of Each Receipt this Period

150.00

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

Occupation

president

Aggregate Year-to-Date > \$

550.00

G. Full Name, Mailing Address and ZIP Code

J. Erik Hvide
1424 N. Ocean Blvd.
Gulfstream, FL 33483

Name of Employer

Hvide Shipping

Date (month, day, year)

5/24/93

Amount of Each Receipt this Period

550.00

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

Occupation

president

Aggregate Year-to-Date > \$

550.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

240307050157674

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 46 OF 51
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Robert C. Rasmussen
P. O. Box 3333
Tampa, FL 33601

Name of Employer

Glenn, Rasmussen et al

Date (month,
day, year)

4/16/90

Amount of Each
Receipt this Period

330.00

Occupation

attorney

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

330.00

B. Full Name, Mailing Address and ZIP Code

Robert P. Warler
P. O. Box 36323
Pensacola, FL 32546

Name of Employer

n/a

Date (month,
day, year)

1/18/90

Amount of Each
Receipt this Period

400.00

Occupation

retired

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

400.00

C. Full Name, Mailing Address and ZIP Code

H. M. Hardy
P. O. Box 369
Thornton, FL 33592

Name of Employer

HHH Marine

Date (month,
day, year)

4/19/90

Amount of Each
Receipt this Period

330.00

Occupation

contractor

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

330.00

D. Full Name, Mailing Address and ZIP Code

Joseph T. Lettalleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month,
day, year)

5/14/90

Amount of Each
Receipt this Period

330.00

Occupation

real estate

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

330.00

E. Full Name, Mailing Address and ZIP Code

Nasir Khalidi, M.D.
P. O. Box 4090
Port Charlotte, FL 33949

Name of Employer

self-employed

Date (month,
day, year)

2/06/90

Amount of Each
Receipt this Period

500.00

Occupation

physician

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

500.00

F. Full Name, Mailing Address and ZIP Code

Lorena Jans
P. O. Box 428
Hargo, FL 33550

Name of Employer

JFI, Inc.

Date (month,
day, year)

2/09/90

Amount of Each
Receipt this Period

400.00

Occupation

public relations

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

400.00

G. Full Name, Mailing Address and ZIP Code

William C. Adachi
P. O. Box 439
Palm City, FL 34990

Name of Employer

self-employed

Date (month,
day, year)

5/24/90

Amount of Each
Receipt this Period

400.00

Occupation

consultant

Receipt For:

☒ Salary☐ General☐ Other (specify):

Aggregate Year-to-Date > 8

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 40 OF 49
FOR LINE NUMBER 118

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Marvin Blanton
P. O. Box 3296
Pensacola, FL 32516

Name of Employer

Boschia Construction

Date (month,
day, year)

1/07/91

Amount of Each
Receipt this Period

400.00

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

Occupation

builder

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Joseph F. Cronin
P. O. Box 33042
St. Petersburg, FL 33733

Name of Employer

Florida Progress Corp

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

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

Occupation

exec. vice-president

Aggregate Year-to-Date > \$

400.00

C. Full Name, Mailing Address and ZIP Code

Robert C. Remusson
P. O. Box 3333
Tampa, FL 33601

Name of Employer

Glenn, Remusson et al

Date (month,
day, year)

2/08/91

Amount of Each
Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

330.00

D. Full Name, Mailing Address and ZIP Code

Ellis W. Goodman
P. O. Box 3588
Sarasota, FL 34230

Name of Employer

Twin City Dist., Inc.

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

250.00

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

Occupation

wholesaler

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

Kenneth D. Stern
P. O. Box 3678
Boca Raton, FL 33427

Name of Employer

Kenneth D. Stern, PA

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

500.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

H. H. Hickey
P. O. Box 369
Thornton, CO 80229
\$240 refund 7/22/91

Name of Employer

HHH Marine

Date (month,
day, year)

1/28/91

Amount of Each
Receipt this Period

330.00

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

Occupation

contractor

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

JFI, Inc.
P. O. Box 428
Mango, FL 33550

Name of Employer

JFI, Inc.

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

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

Occupation

public relations

Aggregate Year-to-Date > \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

GENERAL

ITEMIZED RECEIPTS

The amount shown on this receipt is subject to the penalty of the General Excise Tax	PAGE	OF
	68	75
	FOR LINE NUMBER R	
118		

Any information taken from such receipts and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, and any use of the name and address of any political committee to solicit contributions from such organizations.

NAME OF CONTRIBUTOR IN FULL

FRINDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John H. Marshall P. O. Box 338 Boca Grande, FL 33921	Name of Employer N/A	Date (month, day, year) 12/14/91	Amount of Each Receipt this Period 1,000.00
	Occupation retired	Aggregate Year-to-Date 1,000.00	
B. Full Name, Mailing Address and ZIP Code H. M. Hardy P. O. Box 340 Thonotosassa, FL 33982	Name of Employer HSH Marine	Date (month, day, year) 8/06/91	Amount of Each Receipt this Period 240.00
	Occupation contractor	Aggregate Year-to-Date 580.00	
C. Full Name, Mailing Address and ZIP Code H. M. Hardy P. O. Box 340 Thonotosassa, FL 33982	Name of Employer HSH Marine	Date (month, day, year) 10/25/91	Amount of Each Receipt this Period 250.00
	Occupation contractor	Aggregate Year-to-Date 580.00	
D. Full Name, Mailing Address and ZIP Code Ronald W. Moore P. O. Box 406 Tampa, FL 33601	Name of Employer Moore-Taggart	Date (month, day, year) 11/04/91	Amount of Each Receipt this Period 500.00
	Occupation developer	Aggregate Year-to-Date 500.00	
E. Full Name, Mailing Address and ZIP Code Lorena Jacob P. O. Box 428 Hargo, FL 33550	Name of Employer JFI, Inc.	Date (month, day, year) 11/29/91	Amount of Each Receipt this Period 200.00
	Occupation public relations	Aggregate Year-to-Date 1,400.00	
F. Full Name, Mailing Address and ZIP Code Lorena Jacob P. O. Box 428 Hargo, FL 33550	Name of Employer JFI, Inc.	Date (month, day, year) 11/29/91	Amount of Each Receipt this Period 800.00
	Occupation public relations	Aggregate Year-to-Date 1,400.00	
G. Full Name, Mailing Address and ZIP Code Robert A. Jacob P. O. Box 428 Hargo, FL 34262	Name of Employer JFI, Inc.	Date (month, day, year) 11/29/91	Amount of Each Receipt this Period 1,000.00
	Occupation retail grocer	Aggregate Year-to-Date 1,000.00	

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

1120:0044034

SCHEDULE A

ITEMIZED RECEIPTS

Use table on schedule A
for each category of the
(Detailed Summary Page)

100

11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis W. Goodman P. O. Box 3588 Sarasota, FL 34230	Twin City Dist., Inc.	2/27/92	100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation wholesaler Aggregate Year to Date \$ 550.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis W. Goodman P. O. Box 3588 Sarasota, FL 34230	Twin City Dist., Inc.	3/26/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation wholesaler Aggregate Year to Date \$ 550.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph T. Lettelleir P. O. Box 385 St. Petersburg, FL 33731	Bay Development	4/20/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation real estate Aggregate Year to Date \$ 330.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth D. Starn P. O. Box 3878 Boca Raton, FL 33427	Kenneth D. Starn, PA	3/09/92	500.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation attorney Aggregate Year to Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorena Jaeb P. O. Box 428 Mango, FL 33550 \$800 refunded 7/27/92	JFI, Inc.	2/28/92	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation public relations Aggregate Year to Date \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Bronson Thayer P. O. Box 429 Thonotosassa, FL 33592	Lykes Brothers	3/18/92	500.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation finance Aggregate Year to Date \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary H. Dunlap P. O. Box 430 La Belle, FL 33935	information requested	4/13/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested Aggregate Year to Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 2 1 2

Attachment # 35E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838
TAMPA, FLORIDA 33601-1838

July 27, 1992

88-26/131

PAY TO THE
ORDER OF

Lorena Jaeb

\$ 800.00

EIGHT HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
First Park Office 800
201 West Palm Beach
Tampa, Florida 33608

⑆00342⑆ ⑆063⑆00264⑆ 400870393⑆

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

DELUXE - FORM DYCPS V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$800.00

940309751322

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePART 11
6 9
FOR LINE NUMBER
208

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

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 490.00
B. Full Name, Mailing Address and ZIP Code Lillian North 949 Tomas Ct. Orlando, FL 32825	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/05/92	Amount of Each Disbursement This Period 75.00
C. Full Name, Mailing Address and ZIP Code Louis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Lorena Jacob P. O. Box 428 Mango, FL 33550	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 800.00
E. Full Name, Mailing Address and ZIP Code Lucie B. Bostick 9 Brogden Court, S.E. Winter Haven, FL 33880	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Martha W. Hurd 115 Loxford Road Piedmont, CA 94611	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
G. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
H. Full Name, Mailing Address and ZIP Code Morris A. Rose 1030 Gray Road Cocoa, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code Morris A. Rose 1030 Gray Road Cocoa, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/92	Amount of Each Disbursement This Period 100.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 23 OF 51
FOR LINE NUMBER 11a

All amounts entered from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, or for using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE IN FULL
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John M. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701	Name of Employer self-employed	Date (month, day, year) 5/18/90	Amount of Each Receipt this Period 330.00
	Occupation physician	Aggregate Year-to-Date > \$ 330.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Lewis A. Doman 4300 W. Francisco, #19 Pensacola, FL 32504	Name of Employer Citizens & Peoples	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 400.00
	Occupation banker	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code M. Jean Petross 4301 Gulf Shore Blvd., N. Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 3/12/90	Amount of Each Receipt this Period 1,000.00
	Occupation none	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Kathleen B. Sharvin 4303 Outclass Lane Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 6/26/90	Amount of Each Receipt this Period 250.00
	Occupation homemaker	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lucy S. Jensen 4335 Whitney Street Jacksonville, FL 32211	Name of Employer Jensen of Jax, Inc.	Date (month, day, year) 2/21/90	Amount of Each Receipt this Period 400.00
	Occupation contractor	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Karen Margulies 4350 1 st Myer Street Hollywood, FL 33021	Name of Employer n/a	Date (month, day, year) 2/09/90	Amount of Each Receipt this Period 400.00
	Occupation housewife	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Roger Mack 4380 Gulf Shore Blvd., N., #806 Naples, FL 33940	Name of Employer information requested	Date (month, day, year) 6/15/90	Amount of Each Receipt this Period 1,000.00
	Occupation information requested	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (entered)
TOTAL This Period (fill in the number only)

90000141754

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page **20** of **45**
FOR LINE NUMBER **11a**

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NAME OF CONTRIBUTOR TO FULL

FRIENDS OF CONNIE MACE

A. Full Name, Mailing Address and ZIP Code

Lacy B. Jensen
4335 Whitney Street
Jacksonville, FL 32211

Name of Employer

Jensen of Jax, Inc.

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

400.00

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

Occupation

owner

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Wesley H. Loomis, III
434 Meadow Lark Dr.
Sarasota, FL 34236

Name of Employer

n/a

Date (month, day, year)

2/21/91

Amount of Each Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Roger MacBride
4380 Gulf Shore Blvd., N., #806
Naples, FL 33940

Name of Employer

information requested

Date (month, day, year)

3/01/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

John Scott Mueller
4401 Gulf Shore Blvd., N., #1201
Naples, FL 33940

Name of Employer

Pelleum, Inc.

Date (month, day, year)

3/12/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605
\$190 refund 7/22/91

Name of Employer

WFTS-TV

Date (month, day, year)

2/11/91

Amount of Each Receipt this Period

330.00

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

Occupation

general manager

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Dr. Edward L. Steinberg
454 W. Park Avenue
Long Beach, NY 11561

Name of Employer

Thompson Medical Co.

Date (month, day, year)

3/01/91

Amount of Each Receipt this Period

100.00

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

Occupation

optometrist

Aggregate Year-to-Date > \$

100.00

G. Full Name, Mailing Address and ZIP Code

Dr. Edward L. Steinberg
454 W. Park Avenue
Long Beach, NY 11561

Name of Employer

Thompson Medical Co.

Date (month, day, year)

6/18/91

Amount of Each Receipt this Period

250.00

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

Occupation

optometrist

Aggregate Year-to-Date > \$

350.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page 1

45

11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Lucy B. Jensen
4335 Whitney Street
Jacksonville, FL 32211
\$200 refund 1/22/93

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Jensen of Jax, Inc.

Date (month, day, year)

8/21/92

Amount of Each Receipt this Period

400.00

Occupation

contractor

Aggregate Year to Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

Allen D. Nease, Jr.
4435 Pratt Avenue
Panama City, FL 32404

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

USAF

Date (month, day, year)

10/23/92

Amount of Each Receipt this Period

52.00

Occupation

mechanical engineer

Aggregate Year to Date \$

202.00

C. Full Name, Mailing Address and ZIP Code

Allen D. Nease, Jr.
4435 Pratt Avenue
Panama City, FL 32404

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

USAF

Date (month, day, year)

12/21/92

Amount of Each Receipt this Period

50.00

Occupation

mechanical engineer

Aggregate Year to Date \$

202.00

D. Full Name, Mailing Address and ZIP Code

Fredric W. Pullen, II, M.D.
4444 Island Road
Miami, FL 33137

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

information requested

Date (month, day, year)

11/24/92

Amount of Each Receipt this Period

1,000.00

Occupation

surgeon

Aggregate Year to Date \$

1,500.00

E. Full Name, Mailing Address and ZIP Code

Fredric W. Pullen, II, M.D.
4444 Island Road
Miami, FL 33137

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

information requested

Date (month, day, year)

12/26/92

Amount of Each Receipt this Period

(500.00)

redesignated

Occupation

surgeon

Aggregate Year to Date \$

1,500.00

F. Full Name, Mailing Address and ZIP Code

Fredric W. Pullen, II, M.D.
4444 Island Road
Miami, FL 33137

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

information requested

Date (month, day, year)

12/26/92

Amount of Each Receipt this Period

500.00

redesignated

Occupation

surgeon

Aggregate Year to Date \$

1,500.00

G. Full Name, Mailing Address and ZIP Code

Fredric W. Pullen, II, M.D.
4444 Island Road
Miami, FL 33137

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

information requested

Date (month, day, year)

12/26/92

Amount of Each Receipt this Period

(500.00)

reallocated

Occupation

surgeon

Aggregate Year to Date \$

1,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3650

P. O. BOX 1835
TAMPA, FLORIDA 33601-1835

January 22, 1993

63-26753-1

**PAY TO THE
ORDER OF**

Lucy B. Jensen

200.00

TWO HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**

PERRY FLORENCE BAKER, R. A.
Hyde Park Office: 003
801 West Platt Street
Tampa, Florida 33608

003650# 0063100264: 400870393#

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US IMMEDIATELY. NO REFUND DESERVED

DELUXE - FORM BYCP-1 V-2

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 8
FOR LINE NUMBER 208

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

USE SEPARATE SCHEDULE A for each category of the Detailed Summary Page

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 FOR LINE NUMBER
 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 Charles H. Jenkins, Sr.
 2129 Phillips Avenue
 Lakeland, FL

Name of Employer

n/a

 Date (month,
 day, year)

5/12/93

 Amount of Each
 Receipt this Period
 250.00

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

Occupation

retired

Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code

 Lucy B. Jensen
 6740-112 Epping Forest Way N.
 Jacksonville, FL 32217

Name of Employer

Jensen of Jax, Inc.

 Date (month,
 day, year)

5/11/93

 Amount of Each
 Receipt this Period
 1,000.00

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

Occupation

contractor

Aggregate Year-to-Date > \$ 800.00

C. Full Name, Mailing Address and ZIP Code

 Lucy B. Jensen
 6740-112 Epping Forest Way N.
 Jacksonville, FL 32217

Name of Employer

Jensen of Jax, Inc.

 Date (month,
 day, year)

6/24/93

 Amount of Each
 Receipt this Period
 (1,000.00)
 redesignated

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

Occupation

contractor

Aggregate Year-to-Date > \$ 800.00

D. Full Name, Mailing Address and ZIP Code

 Lucy B. Jensen
 6740-112 Epping Forest Way N.
 Jacksonville, FL 32217

Name of Employer

Jensen of Jax, Inc.

 Date (month,
 day, year)

6/24/93

 Amount of Each
 Receipt this Period
 1,000.00
 redesignated

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

Occupation

contractor

Aggregate Year-to-Date > \$ 800.00

E. Full Name, Mailing Address and ZIP Code

 Jimenez + Rodriguez Barcelo
 1701 Ponce de Leon, Suite 206
 Santurce, PR 00909

Name of Employer

n/a

 Date (month,
 day, year)

6/29/93

 Amount of Each
 Receipt this Period
 1,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code

 Ricardo Jimenez
 1701 Ponce de Leon, Suite 206
 Santurce, PR 00909

Name of Employer

self-employed

 Date (month,
 day, year)

6/29/93

 Amount of Each
 Receipt this Period
 (1000.00)
 memo

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

Occupation

architect

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code

 Hugh E. Jones
 5764 Red Cedar Street
 Pensacola, FL 32507

Name of Employer

Urinette, Inc.

 Date (month,
 day, year)

3/09/93

 Amount of Each
 Receipt this Period
 800.00

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

Occupation

president

Aggregate Year-to-Date > \$ 800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

Irene C. Jones
5234 Sea Shell Ave.
Naples, FL 33940

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day year)

2/20/91

Occupation

retired

Aggregate Year to Date \$

250.00

B Full Name, Mailing Address and ZIP Code

Jerome B. Homer
53 Greens Road
Hollywood, FL 33021

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day year)

3/04/91

Occupation

retired

Aggregate Year to Date \$

500.00

C Full Name, Mailing Address and ZIP Code

Peter W. Busch
5300 Glades Cutoff Road
Ft. Pierce, FL 34981

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

Southern Eagle Dist.

Date (month
day year)

2/05/91

Occupation

president

Aggregate Year to Date \$

400.00

D Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day year)

2/11/91

Occupation

retired

Aggregate Year to Date \$

100.00

E Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day year)

4/08/91

Occupation

retired

Aggregate Year to Date \$

500.00

F Full Name, Mailing Address and ZIP Code

Chester R. Jones
53150 Country Road
Palm Beach, FL 33480

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month
day year)

5/06/91

Occupation

retired

Aggregate Year to Date \$

250.00

G Full Name, Mailing Address and ZIP Code

Howard H. Jenkins
5412 Lykes Lane
Tampa, FL 33611

Receipt for ☒ Primary ☐ General
Other (specify)

Name of Employer

Publix Supermarkets

Date (month
day year)

3/04/91

Occupation

executive

Aggregate Year to Date \$

600.00

SUBTOTAL of Receipts This Page (include)

TOTAL This Period (all page this line number only)

9100477

SCHEDULE A

ITEMIZED RECEIPTS

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

Attachment # 37B

45 | 75
FOR LINE NUMBER
118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Hal Holder, Sr.
5210 Interbay, #8
Tampa, FL 33611

Name of Employer

self-employed

Date (month,
day, year)

10/16/91

Amount of Each
Receipt this Period

500.00

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

Occupation

Aggregate Year-to-Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

James E. Smith
5214 Farrington Road
Bethesda, MD 20816

Name of Employer

information requested

Date (month,
day, year)

12/17/91

Amount of Each
Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Irene Cole Jones
5234 Sea Shell Ave.
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

9/24/91

Amount of Each
Receipt this Period

350.00

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

Occupation

retired

Aggregate Year-to-Date \$

1,250.00

D. Full Name, Mailing Address and ZIP Code

Irene Cole Jones
5234 Sea Shell Ave.
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

9/24/91

Amount of Each
Receipt this Period

650.00

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

Occupation

retired

Aggregate Year-to-Date \$

1,250.00

E. Full Name, Mailing Address and ZIP Code

Chas G. Reboso
524 Fernwood Road
Key Biscayne, FL 33149

Name of Employer

Key Land Co.

Date (month,
day, year)

9/30/91

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

Robert Cade
529 N.W. 1st Street
Gainesville, FL 32607

Name of Employer

self-employed

Date (month,
day, year)

10/29/91

Amount of Each
Receipt this Period

500.00

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

Occupation

developer

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Craig R. Hedgecock
530 N.W. 23rd Street
Gainesville, FL 32607

Name of Employer

Griff Co.

Date (month,
day, year)

8/12/91

Amount of Each
Receipt this Period

330.00

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

Occupation

engineer

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 60 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Bradford Pyle, M.D. 5120 Bayou Blvd., Suite 5 Pensacola, FL 32504	self-employed	2/24/92	200.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation physician	Aggregate Year to Date \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Bradford Pyle, M.D. 5120 Bayou Blvd., Suite 5 Pensacola, FL 32504	self-employed	4/03/92	200.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation physician	Aggregate Year to Date \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe J. Atick 5120 S.W. 106th Avenue Miami, FL 33165	S & A Distributors	6/22/92	300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation C.E.O.	Aggregate Year to Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813 \$290 refunded 7/27/92	Leisure Way, Inc.	6/02/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation owner	Aggregate Year to Date \$ 330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Seckinger, M.D. 5215 S.W. 92nd Street Miami, FL	self-employed	4/08/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation physician	Aggregate Year to Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940 \$350 refunded 7/27/92	n/a	2/03/92	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation retired	Aggregate Year to Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	n/a	2/12/92	(1,000.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation retired	Aggregate Year to Date \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1. See other Page

SCHEDULE A

ITEMIZED RECEIPTS

Use a separate schedule for each category of the Detailed Summary Page

PAGE 111
62 111
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940 Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	n/a Occupation: retired Aggregate Year to Date: \$ 1,000.00	2/12/92 1,000.00 redesignated	1,000.00
David C. Jones, Jr. 5234 Sea Shell Ave. Naples, FL 33940 Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	self-employed Occupation: realtor Aggregate Year to Date: \$ 250.00	1/16/92 250.00	250.00
Rufus M. Dodrill 5260 S. Landings Dr., #1409 Ft. Myers, FL 33919 Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	self-employed Occupation: resort owner Aggregate Year to Date: \$ 300.00	3/02/92 300.00	300.00
Robert C. Macomber 5260 S. Landings Drive, #1604 Ft. Myers, FL 33919 Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	n/a Occupation: retired Aggregate Year to Date: \$ 1,000.00	3/11/92 1,000.00	1,000.00
Dr. Gerald Laboda 5285 Summarlin Rd. Ft. Myers, FL 33907 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	self-employed Occupation: surgeon Aggregate Year to Date: \$ 300.00	3/06/92 300.00	300.00
Jerome B. Homer 53 Greens Road Hollywood, FL 33021 Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	n/a Occupation: retired Aggregate Year to Date: \$ 250.00	6/19/92 250.00	250.00
Harold L. Oehry 5304 Woodlands Blvd. Tamarac, FL 33319 Receipt For: <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	n/a Occupation: retired Aggregate Year to Date: \$ 250.00	4/06/92 250.00	250.00

SUBTOTAL of Receipts This Page (optional):

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

940309751091

9 2 0 2 0 1 7 3 2 1 3

Attachment # 37 E

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT
 P. O. BOX 1836
 TAMPA, FLORIDA 33601-1836

July 27, 1992

09-28/931

TO THE ORDER OF Irene Cole Jones \$ 350.00

THREE HUNDRED FIFTY AND NO/100 ----- DOLLARS

FIRST
ORDA
 First Florida Bank, S.A.
 2500 First Office Bldg.
 2501 West Palm Beach
 Tampa, Florida 33606



#003422# 0063100264# 400870393#

896 OF CONNIE MACK
 ARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
4/27/92	Contribution Refund	\$350.00

24030975194

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 4 9
 FOR LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)
FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
B. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 423.00
D. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
E. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
F. Full Name, Mailing Address and ZIP Code Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 295.00
I. Full Name, Mailing Address and ZIP Code Jim Ruseakis 8801 Indrio Road Ft. Pierce, FL 34951	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben Hill Griffin, III P. O. Box 128 Frontproof, FL 33843	United States Attorney	7/10/89	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): X-94	Occupation: Attorney Aggregate Year to Date: \$ 1,330.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Griesbaum P. O. Box 1326 Titusville, FL 32781	United States Attorney	7/10/89	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): X-88	Occupation: Attorney Aggregate Year to Date: \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben H. Wilkinson P. O. Box 13527 Tallahassee, FL 32317	information requested	12/08/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): X-94	Occupation: Attorney Aggregate Year to Date: \$ 330.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Garthwait P. O. Box 1367, Sharon Road Waterbury, CT 06721	Cly-Del Mfg. Co.	10/11/89	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): X-88	Occupation: president Aggregate Year to Date: \$ 350.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Danforth Browne P. O. Box 1531 Tampa, FL 33601	information requested	8/21/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): X-94	Occupation: information requested Aggregate Year to Date: \$ 330.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. Paine Kelly, Jr. P. O. Box 1531 Tampa, FL 33601	MacFarland Ferguson	7/20/89	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): X-94	Occupation: attorney Aggregate Year to Date: \$ 480.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. Paine Kelly, Jr. P. O. Box 1531 Tampa, FL 33601	MacFarland Ferguson	8/21/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): X-94	Occupation: attorney Aggregate Year to Date: \$ 480.00		

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 42 OF 51
FOR LINE NUMBER 118

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NAME OF COMMITTEE TO WHOM

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code Conrad, Scherer & James P. O. Box 14723 Ft. Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-partnership Occupation n/a Aggregate Year-to-Date \$ 800.00	Date (month, day, year) 2/27/90 Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Gordon James P. O. Box 14723 Ft. Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conrad, Scherer et al Occupation partner Aggregate Year-to-Date \$ 400.00	Date (month, day, year) 2/27/90 Amount of Each Receipt this Period 400.00 (memo)
C. Full Name, Mailing Address and ZIP Code Conrad, Scherer & James P. O. Box 14723 Ft. Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a-partnership Occupation n/a Aggregate Year-to-Date \$ 800.00	Date (month, day, year) 2/27/90 Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code William Scherer P. O. Box 14723 Ft. Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conrad, Scherer et al Occupation partner Aggregate Year-to-Date \$ 400.00	Date (month, day, year) 2/27/90 Amount of Each Receipt this Period 400.00 (memo)
E. Full Name, Mailing Address and ZIP Code William A. Gahlerbeck P. O. Box 151 Pensacola, FL 32591 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical Center Occupation administration Aggregate Year-to-Date \$ 400.00	Date (month, day, year) 1/24/90 Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code T. Pauls Kelly, Jr. P. O. Box 1531 Tampa, FL 33601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MacFarland Ferguson Occupation attorney Aggregate Year-to-Date \$ 330.00	Date (month, day, year) 3/30/90 Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code David H. McClain P. O. Box 1601 Tampa, FL 33601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date \$ 330.00	Date (month, day, year) 4/20/90 Amount of Each Receipt this Period 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

90000141773

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 11
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FORM LINE NUMBER
11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary K. Sittman P. O. Box 12478 Panama City, FL 32401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	5/13/91	100.00
B. Full Name, Mailing Address and ZIP Code Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843 \$290 refund 7/22/91 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed	1/30/91	130.00
C. Full Name, Mailing Address and ZIP Code Ben H. Wilkinson P. O. Box 13527 Tallahassee, FL 32317 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Pennington, Wilkinson	2/15/91	330.00
D. Full Name, Mailing Address and ZIP Code John L. Leyer P. O. Box 1358 Palatka, FL 32178 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Fl. Environmental	3/07/91	600.00
E. Full Name, Mailing Address and ZIP Code James E. McIntyre P. O. Box 1460 Panama City, FL 32402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	6/07/91	300.00
F. Full Name, Mailing Address and ZIP Code T. Paine Kelly, Jr. P. O. Box 1531 Tampa, FL 33601 \$140 refund 7/22/91 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	MacFarland Ferguson	1/31/91	130.00
G. Full Name, Mailing Address and ZIP Code David R. McCain P. O. Box 1601 Tampa, FL 33601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed	2/05/91	130.00

91020070490

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 64 OF 75
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

George W. Gibbs, III
P. O. Box 138
Ft. George Island, FL 32226

Name of Employer

Atlantic Marine, Inc.

Date (month,
day, year)

10/07/91

Amount of Each
Receipt this Period

1,000.00

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

Occupation

corp president

Aggregate Year-to-Date \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code

Jerome H. Modell, M.D.
P. O. Box 14286
Gainesville, FL 32604

Name of Employer

information requested

Date (month,
day, year)

11/21/91

Amount of Each
Receipt this Period

500.00

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

Occupation

physician

Aggregate Year-to-Date \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Dr. Richard T. Conrad
P. O. Box 14820
Bradenton, FL 34280

Name of Employer

information requested

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date \$ 250.00

D. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 1531
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

7/31/91

Amount of Each
Receipt this Period

140.00

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

Occupation

attorney

Aggregate Year-to-Date \$ 330.00

E. Full Name, Mailing Address and ZIP Code

Mary O. Bush
P. O. Box 1546
Hobe Sound, FL 33455

Name of Employer

n/a

Date (month,
day, year)

10/09/91

Amount of Each
Receipt this Period

100.00

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

Occupation

homemaker

Aggregate Year-to-Date \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Mary O. Bush
P. O. Box 1546
Hobe Sound, FL 33455

Name of Employer

n/a

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

50.00

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

Occupation

homemaker

Aggregate Year-to-Date \$ 290.00

G. Full Name, Mailing Address and ZIP Code

George Rodgers, Jr.
P. O. Box 16771
Jacksonville, FL 32245

Name of Employer

self-employed

Date (month,
day, year)

8/15/91

Amount of Each
Receipt this Period

500.00

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

Occupation

investments

Aggregate Year-to-Date \$ 900.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975199
00440000
700

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

 PAID
 96 110
 FOR LINE NUMBER
 118

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 continuing purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 Donald C. Fort
 P. O. Box 23549
 Jacksonville, FL 32217

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Fort Development Co.

Date (month, day, year)

6/12/92

Amount of Each Receipt This Period

200.00

Occupation

president

Aggregate Year-to-Date \$

550.00

B. Full Name, Mailing Address and ZIP Code

 Donald C. Fort
 P. O. Box 23549
 Jacksonville, FL 32217

 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Fort Development Co.

Date (month, day, year)

6/12/92

Amount of Each Receipt This Period

150.00

Occupation

president

Aggregate Year-to-Date \$

550.00

C. Full Name, Mailing Address and ZIP Code

 T. Paine Kelly, Jr.
 P. O. Box 2378
 Tampa, FL 33601

 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

MacFarland Ferguson

Date (month, day, year)

3/04/92

Amount of Each Receipt This Period

100.00

Occupation

attorney

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

 T. Paine Kelly, Jr.
 P. O. Box 2378
 Tampa, FL 33601

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

MacFarland Ferguson

Date (month, day, year)

6/04/92

Amount of Each Receipt This Period

230.00

Occupation

attorney

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

 T. Paine Kelly, Jr.
 P. O. Box 2378
 Tampa, FL 33601

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

MacFarland Ferguson

Date (month, day, year)

6/30/92

Amount of Each Receipt This Period

(230.00)
redesignated

Occupation

attorney

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

 T. Paine Kelly, Jr.
 P. O. Box 2378
 Tampa, FL 33601

 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

MacFarland Ferguson

Date (month, day, year)

6/30/92

Amount of Each Receipt This Period

230.00
redesignated

Occupation

attorney

Aggregate Year-to-Date \$

330.00

G. Full Name, Mailing Address and ZIP Code

 Ron Gabel
 P. O. Box 2627
 Sarasota, FL 34230

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Ongoing Companies Inc

Date (month, day, year)

6/30/92

Amount of Each Receipt This Period

500.00

Occupation

corp. president

Aggregate Year-to-Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 156 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
S. A. Keller
777 Bayshore Drive
Ft. Lauderdale, FL 33304

Name of Employer

n/a

Date (month,
day, year)

1/15/93

Amount of Each
Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > \$

250.00

B. Full Name, Mailing Address and ZIP Code
Boghan N. Kelley
P. O. Drawer 1328
Sanford, FL 32772

Name of Employer

self-employed

Date (month,
day, year)

6/08/93

Amount of Each
Receipt this Period

500.00

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

Occupation

architect

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code
Lloyd Patrick Kelly
2200 N. Greenway Drive
Coral Gables, FL 33134

Name of Employer

information requested

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code
T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

1/20/93

Amount of Each
Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

530.00

E. Full Name, Mailing Address and ZIP Code
T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

530.00

F. Full Name, Mailing Address and ZIP Code
T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$

530.00

G. Full Name, Mailing Address and ZIP Code
T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

200.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

530.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 38G

Use separate schedules
for each category of the
Detailed Summary PagePAGE 157 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

3/05/93

Amount of Each
Receipt this Period
(200.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 530.00

B. Full Name, Mailing Address and ZIP Code

T. Paine Kelly, Jr.
P. O. Box 2378
Tampa, FL 33601

Name of Employer

MacFarland Ferguson

Date (month,
day, year)

3/05/93

Amount of Each
Receipt this Period
200.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 530.00

C. Full Name, Mailing Address and ZIP Code

Roger H. Kessel
817 S. Edison Avenue
Tampa, FL 33606

Name of Employer

Tampa Elec. Co.

Date (month,
day, year)

4/06/93

Amount of Each
Receipt this Period
400.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

Roger H. Kessel
817 S. Edison Avenue
Tampa, FL 33606

Name of Employer

Tampa Elec. Co.

Date (month,
day, year)

5/24/93

Amount of Each
Receipt this Period
(200.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 400.00

E. Full Name, Mailing Address and ZIP Code

Roger H. Kessel
817 S. Edison Avenue
Tampa, FL 33606

Name of Employer

Tampa Elec. Co.

Date (month,
day, year)

5/24/93

Amount of Each
Receipt this Period
200.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

attorney

Aggregate Year-to-Date > \$ 400.00

F. Full Name, Mailing Address and ZIP Code

Lucile S. Keyes
2605 31st Street, N.W.
Washington, D.C. 20008

Name of Employer

n/a

Date (month,
day, year)

5/14/93

Amount of Each
Receipt this Period
750.00Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

housewife

Aggregate Year-to-Date > \$ 750.00

G. Full Name, Mailing Address and ZIP Code

Arthur H. Keyes, Jr.
2605 31st Street, N.W.
Washington, D.C. 20008

Name of Employer

n/a

Date (month,
day, year)

5/14/93

Amount of Each
Receipt this Period
1,000.00Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9403097520281

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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 25 58
 FOR LINE 11a
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of influencing contributions or for campaign or 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 HACK

A. Full Name, Mailing Address and ZIP Code

 Helen Garrett
 3581 Knollview, S.E.
 Grand Rapids, MI 49506

Name of Employer

n/a

Date (month, day, year)

2/21/89

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date

\$ 400.00

B. Full Name, Mailing Address and ZIP Code

 William J. Kleckhafer
 3600 Ram Row
 Naples, FL 33940

Name of Employer

n/a

Date (month, day, year)

6/13/89

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date

\$ 500.00

C. Full Name, Mailing Address and ZIP Code

 L. E. Adams, Jr.
 3624 55th Street
 Tampa, FL 33619

Name of Employer

information requested

Date (month, day, year)

4/12/89

Amount of Each Receipt this Period

300.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date

\$ 300.00

D. Full Name, Mailing Address and ZIP Code

 George F. Gets, Jr.
 3634 Civic Center Plaza
 Scottsdale, AZ 85251

Name of Employer

information requested

Date (month, day, year)

4/27/89

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date

\$ 500.00

E. Full Name, Mailing Address and ZIP Code

 J. Pat Corrigan
 3645 90th Avenue
 Vero Beach, FL 32966

Name of Employer

Corrigan Ranches

Date (month, day, year)

6/07/89

Amount of Each Receipt this Period

750.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

rancher

Aggregate Year-to-Date

\$ 750.00

F. Full Name, Mailing Address and ZIP Code

 Harry M. Lowell, M.D.
 3677 Central Avenue, Suite A
 Ft. Myers, FL 33901

Name of Employer

information requested

Date (month, day, year)

6/26/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date

\$ 1,000.00

G. Full Name, Mailing Address and ZIP Code

 Thomas M. Harvey, Jr.
 3700 Paspano Dr. SE
 St. Petersburg, FL 33705

Name of Employer

self-employed

Date (month, day, year)

4/17/89

Amount of Each Receipt this Period

336.60

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

developer

Aggregate Year-to-Date

\$ 336.60

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the data listed on this page

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Hadley Case 3565 Ft. Charles Dr. Naples, FL 33940	Case, Pomeroy & Co.	3/03/92	\$25.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation chief oper. officer	Aggregate Year to Date \$	1,200.00
B Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Warren E. Hagen, M.D. 3596 Broadway Ft. Myers, FL 33901	self-employed	1/21/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation physician	Aggregate Year to Date \$	250.00
C Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Dan Royal, Jr. 36 Lagoon Street Ft. Myers, FL 33903	self-employed	2/20/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation realtor/mtg banker	Aggregate Year to Date \$	250.00
D Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
William J. Kieckhefer 3600 Rum Row Naples, FL 33940	n/a	1/16/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	750.00
E Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
William J. Kieckhefer 3600 Rum Row Naples, FL 33940 \$350 refunded 7/27/92	n/a	1/30/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	750.00
F Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Anna C. Tolles 3603 S.E. 21st Place Cape Coral, FL 33904	n/a	3/05/92	300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation none	Aggregate Year to Date \$	300.00
G Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
John R. Bush 3606 Cinnamon Trace Valrico, FL 33594	n/a	3/04/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 6 5

Attachment # 39C

FRONTIER OF CONCRETE BRICK
 PRIMARY ACCOUNT
 P. O. BOX 198
 TAMPA, FLORIDA 33601-198

3374

July 27, 92

08-15-91

PAY TO THE ORDER OF William J. Kieckhefer \$ 350.00

THREE HUNDRED FIFTY AND NO/100 ----- DOLLARS

**FIRST NATIONAL
 FLORIDA BANK**



#003374# 4063400264# 400870393#

FRONTIER OF CONCRETE BRICK
 PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF DEBT INCURRED BY YOU
 IF YOU DISPUTE PLEASE NOTIFY US PROMPTLY. NO RECEIPT NEEDED

DELUXE - FORM 07C-1 1/8

2 4 0 3 0 9 7 5 2 0 5
 9 2 2 0 1 7 3 1 6 5

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$350.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 9
FORM LINE NUMBER
208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William P. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	650.00
William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	323.00
William A. Hunt P. O. Box 6068 Pensacola, FL 32503	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
William J. Kieckhefer 3600 Run Row Naples, FL 33940	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
Wilson C. Loomis 260 N. Ocean Blvd. Palm Beach, FL 33480	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
W. S. Badcock, Jr. P. O. Box 497 Mulberry, FL 33803	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	240.00
Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

FL 1000 of the
Continued Primary Page

FOR LINE NUMBER IN
11a

This document is to be used only for reporting and recording the contributions that are made for the purpose of collecting contributions for the commercial
purpose. It is not to be used for any other purpose and it is not to be used to collect contributions from any other source.

Use of Contribution to Pay

Amount of Contribution to Pay

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Klockner 100 Sun Way Tampa, FL 33609	n/a	8/17/92	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation not listed	Aggregate Year-to-Date > \$ 750.00	
Arna C. Tolles 3603 S.E. 21st Place Cape Coral, FL 33904	n/a	9/29/92	35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation NONE	Aggregate Year-to-Date > \$ 485.00	
Arna C. Tolles 3603 S.E. 21st Place Cape Coral, FL 33904	n/a	10/30/92	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation NONE	Aggregate Year-to-Date > \$ 485.00	
Arna C. Tolles 3603 S.E. 21st Place Cape Coral, FL 33904	n/a	10/30/92	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation NONE	Aggregate Year-to-Date > \$ 485.00	
Judith Fischer Reinach 365 Harbor Lane Bay Biscayne, FL 33149	1st Commercial Realty	12/07/92	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation COMM. real estate	Aggregate Year-to-Date > \$ 500.00	
William J. Broussard, M.D. 3660 N. Riverside Drive Tampa, FL 33603	self-employed	7/23/92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation physician	Aggregate Year-to-Date > \$ 250.00	
William J. Broussard, M.D. 3709 W. Hamilton Avenue, Suite 7 Tampa, FL 33614	information requested	11/23/92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation physician	Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Page (include all)			
TOTAL This Period (last page only line number only)			

9300021629

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 39F

Use this Schedule for each category of the Detailed Summary Page

158 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752082
91000070582

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

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FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

William J. Kieckhefer
3600 Rm Row
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

6/04/93

Amount of Each
Receipt this Period(150.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

650.00

B. Full Name, Mailing Address and ZIP Code

William J. Kieckhefer
3600 Rm Row
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

6/04/93

Amount of Each
Receipt this Period150.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

650.00

C. Full Name, Mailing Address and ZIP Code

Dannie Kilpatrick
P. O. Box 1084
Moore Haven, FL 33471

Name of Employer

self-employed

Date (month,
day, year)

6/28/93

Amount of Each
Receipt this Period

250.00

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

Occupation

rancher

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

Charles Townsend King
2402 S.E. 15th Street
Ocala, FL 34471

Name of Employer

self-employed

Date (month,
day, year)

6/03/93

Amount of Each
Receipt this Period

500.00

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

Occupation

physician

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

R. Fred King
2811 Spanish Cove Trail
Jacksonville, FL 32217

Name of Employer

Kinco

Date (month,
day, year)

5/11/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

executive

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Jim Kirk
1137 S.E. Seventh Street
Ocala, FL 34471

Name of Employer

WMFO-Ocala

Date (month,
day, year)

3/29/93

Amount of Each
Receipt this Period

500.00

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

Occupation

radio station owner

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Christopher M. Kise
101 E. Kennedy, Suite 2175
Tampa, FL 33602

Name of Employer

Adkins & Kise, P.A.

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

750.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

750.00

SUBTOTAL of Receipt This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the (Detailed Summary Page) FORM LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Date (month, day, year) 4/05/89 Amount of Each Receipt this Period 250.00 Occupation retired Aggregate Year-to-Date \$ 580.00
B. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Date (month, day, year) 6/06/89 Amount of Each Receipt this Period 330.00 Occupation retired Aggregate Year-to-Date \$ 580.00
C. Full Name, Mailing Address and ZIP Code William McB. Wood One Biscayne Tower, Suite 1616 Miami, FL 33131 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer self-employed Date (month, day, year) 4/03/89 Amount of Each Receipt this Period 1,000.00 Occupation attorney Aggregate Year-to-Date \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code Harvey Youngquist P. O. Box 06257 Ft. Myers, FL 33906 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Date (month, day, year) 6/07/89 Amount of Each Receipt this Period 500.00 Occupation retired Aggregate Year-to-Date \$ 500.00
E. Full Name, Mailing Address and ZIP Code Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Date (month, day, year) 3/13/89 Amount of Each Receipt this Period 250.00 Occupation retired Aggregate Year-to-Date \$ 500.00
F. Full Name, Mailing Address and ZIP Code Richard W. Angle P. O. Box 1057 Captiva, FL 33924 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer n/a Date (month, day, year) 5/12/89 Amount of Each Receipt this Period 250.00 Occupation retired Aggregate Year-to-Date \$ 500.00
G. Full Name, Mailing Address and ZIP Code H. L. Cumbatch, Jr. P. O. Box 111 Tampa, FL 33601 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer Teco Energy, Inc. Date (month, day, year) 6/16/89 Amount of Each Receipt this Period 1,000.00 Occupation chairman Aggregate Year-to-Date \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePage 39 51
118

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
L. F. Harkins
9425 Meadowood Drive
Ft. Pierce, FL 34951Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
self-employedDate (month,
day, year)
6/08/90Amount of Each
Receipt this Period
400.00Occupation
real estate
Aggregate Year-to-Date \$ 400.00B. Full Name, Mailing Address and ZIP Code
James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
Winn DixieDate (month,
day, year)
2/21/90Amount of Each
Receipt this Period
400.00Occupation
CEO
Aggregate Year-to-Date \$ 400.00C. Full Name, Mailing Address and ZIP Code
Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
Nat Asso Pro BaseballDate (month,
day, year)
4/18/90Amount of Each
Receipt this Period
330.00Occupation
attorney
Aggregate Year-to-Date \$ 330.00D. Full Name, Mailing Address and ZIP Code
Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
n/aDate (month,
day, year)
5/30/90Amount of Each
Receipt this Period
330.00Occupation
retired
Aggregate Year-to-Date \$ 330.00E. Full Name, Mailing Address and ZIP Code
Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
Wm. R. Hough & Co.Date (month,
day, year)
5/04/90Amount of Each
Receipt this Period
330.00Occupation
community relations
Aggregate Year-to-Date \$ 330.00F. Full Name, Mailing Address and ZIP Code
Howard W. Nix, Jr.
One Beach Drive, S.E., #2611
St. Petersburg, FL 33701Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
n/aDate (month,
day, year)
4/20/90Amount of Each
Receipt this Period
330.00Occupation
retired
Aggregate Year-to-Date \$ 330.00G. Full Name, Mailing Address and ZIP Code
J. Imboden Touchton
One City Center, Suite 3250
Tampa, FL 33602Receipt For ☒ Primary ☐ General
Other (specify):Name of Employer
Witt-Touchton Co.Date (month,
day, year)
3/30/90Amount of Each
Receipt this Period
330.00Occupation
executive
Aggregate Year-to-Date \$ 330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030091751270

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (1)
for each category of the
Detailed Summary Page

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Form Line Number 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Scott F. Shapiro, M.D.
936 John Anderson Drive
Ormond Beach, FL 32176

Name of Employer

self-employed

Date (month,
day, year)

10/30/90

Amount of Each
Receipt this Period

500.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

physician

Aggregate Year-to-Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

CEO

Aggregate Year-to-Date \$

800.00

C. Full Name, Mailing Address and ZIP Code

John H. Quinn
Hartford Bldg., Suite 1270
Orlando, FL 32801

Name of Employer

self-employed

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

information requested

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

11/14/90

Amount of Each
Receipt this Period

50.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

retired

Aggregate Year-to-Date \$

380.00

E. Full Name, Mailing Address and ZIP Code

J. Hawley Smith, Jr.
One San Jose Place, Suite 7
Jacksonville, FL 32257

Name of Employer

H. Smith, Inc.

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

real estate

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Thomas R. Grady
P. O. Box 10909
Naples, FL 33941

Name of Employer

information requested

Date (month,
day, year)

7/06/90

Amount of Each
Receipt this Period

125.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

attorney

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Robert H. W. Hart
P. O. Box 1101
Winter Haven, FL 33882

Name of Employer

Robert H. Hart & Sons

Date (month,
day, year)

8/21/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary
☐ Other (specify)☐ General

Occupation

oil jobber

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 33 OF 45
FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Murray M. Goodman 911 W. Ocean Blvd. Palm Beach, FL 33410 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Goodman Co. Occupation: <u>Developer</u> Aggregate Year-to-Date: \$	4/18/91	500.00
B. Full Name, Mailing Address and ZIP Code Robert I. Watkins 95 Martinique Avenue Tampa, FL 33606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Robert Watkins & Co. Occupation: <u>C.P.A.</u> Aggregate Year-to-Date: \$	2/05/91	340.00
C. Full Name, Mailing Address and ZIP Code Thomas Edward Sliney 951 De Sota Road, Apt. 433 Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dilworth Peason et al Occupation: <u>attorney</u> Aggregate Year-to-Date: \$	4/26/91	500.00
D. Full Name, Mailing Address and ZIP Code John J. Thomas 9905 Clint Moore Road Boca Raton, FL 33496 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self-employed Occupation: <u>farmer</u> Aggregate Year-to-Date: \$	4/05/91	500.00
E. Full Name, Mailing Address and ZIP Code James T. Estes Box 26 Cantonment, FL 32533 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self-employed Occupation: <u>timber</u> Aggregate Year-to-Date: \$	2/14/91	300.00
F. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 \$60 refund 7/22/91 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Nat Asso Pro Baseball Occupation: <u>attorney</u> Aggregate Year-to-Date: \$	1/25/91	330.00
G. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 \$290 refund 7/22/91 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: <u>retired</u> Aggregate Year-to-Date: \$	1/30/91	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

91020070407

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 61 71
LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Robert Pease
954 Bal Isle Drive
Pt. Myers, FL 33919

Name of Employer

Gulf Disposal, Inc.

Date (month, day, year)

11/12/92

Amount of Each Receipt this Period

75.00

Receipt For

☒ Primary

☐ General

Other (specify)

Occupation

businessman

Aggregate Year to Date \$

375.00

B. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701
\$250 refund 1/22/93

Name of Employer

n/a

Date (month, day, year)

10/01/92

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary

☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

500.00

C. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

7/23/92

Amount of Each Receipt this Period

250.00

Receipt For

☒ Primary

☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

580.00

D. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

7/30/92

Amount of Each Receipt this Period

(250.00)
redesignated

Receipt For

☒ Primary

☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

580.00

E. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

7/30/92

Amount of Each Receipt this Period

250.00
redesignated

Receipt For

☐ Primary

☒ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

580.00

F. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month, day, year)

8/25/92

Amount of Each Receipt this Period

320.00

Receipt For

☐ Primary

☒ General

Other (specify)

Occupation

executive

Aggregate Year to Date \$

330.00

G. Full Name, Mailing Address and ZIP Code

Jay Kislak
P. O. Box 025409
Miami, FL 33102

Name of Employer

Kislak Mortgage Corp.

Date (month, day, year)

11/25/92

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary

☐ General

Other (specify)

Occupation

Mortgage banker

Aggregate Year to Date \$

1,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975214

SCHEDULE A

ITEMIZED RECEIPTS

Use amounts scheduled
for each category of the
Detailed Summary Page

60	75
FOR LINE NUMBER	
11a	

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NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

James T. Bates
Box 26
Concorment, FL 32533

Name of Employer

self-employed

Date (month,
day, year)

10/31/91

Amount of Each
Receipt this Period

250.00

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

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

Arthur W. Milan
Box 4089
Jacksonville, FL 32201

Name of Employer

information requested

Date (month,
day, year)

11/05/91

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month,
day, year)

10/29/91

Amount of Each
Receipt this Period

200.00

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

Occupation

CEO

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month,
day, year)

10/29/91

Amount of Each
Receipt this Period

800.00

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

Occupation

CEO

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Gas A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

9/27/91

Amount of Each
Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Gas A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

10/31/91

Amount of Each
Receipt this Period

900.00

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

Occupation

retired

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

8/01/91

Amount of Each
Receipt this Period

290.00

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

Occupation

retired

Aggregate Year-to-Date > \$

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page

PAGE 87 110
FOR LINE NUMBER 118

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purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Receipt For \$300 refunded 7/27/92

Other (specify)

General

Name of Employer

Winn Dixie

Occupation

Aggregate Year-to-Date \$

Date (month, day, year)

5/15/92

Amount of Each Receipt this Period

\$70.00

B. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Receipt For

Primary

General

Other (specify)

Name of Employer

Wood & Crist

Occupation

attorney
Aggregate Year-to-Date \$

Date (month, day, year)

1/13/92

Amount of Each Receipt this Period

\$30.00

C. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Receipt For

Primary

General

Other (specify)

Name of Employer

n/a

Occupation

retired
Aggregate Year-to-Date \$

Date (month, day, year)

2/11/92

Amount of Each Receipt this Period

\$250.00

D. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Receipt For

Primary

General

Other (specify)

Name of Employer

n/a

Occupation

retired
Aggregate Year-to-Date \$

Date (month, day, year)

3/04/92

Amount of Each Receipt this Period

\$80.00

E. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701
\$320 refunded 7/27/92

Receipt For

Primary

General

Other (specify)

Name of Employer

Wm. R. Hough & Co.

Occupation

community relations
Aggregate Year-to-Date \$

Date (month, day, year)

2/26/92

Amount of Each Receipt this Period

\$330.00

F. Full Name, Mailing Address and ZIP Code

Rosemary Galbraith
One Beach Drive, S.E., #1802
St. Petersburg, FL 33701

Receipt For

Primary

General

Other (specify)

Name of Employer

Templeton Mutual Fund

Occupation

mutual funds
Aggregate Year-to-Date \$

Date (month, day, year)

4/21/92

Amount of Each Receipt this Period

\$700.00

G. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602
\$320 refunded 7/27/92

Receipt For

Primary

General

Other (specify)

Name of Employer

Witt-Touchton Co.

Occupation

executive
Aggregate Year-to-Date \$

Date (month, day, year)

2/28/92

Amount of Each Receipt this Period

\$330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4
FOR LINE NUMBER 20a

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

94030975217

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5

FOR LINE 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, but may be used for the purpose of identifying the source of contributions.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

William D. Horvitz
One East Boward Blvd.
Ft. Lauderdale, FL 33301

Purpose of Disbursement

contribution refund

Date (month day year)

3/25/93

Amount of Disbursement

211.00

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

H. M. Snow, Jr.
P. O. Box 8529
Orlando, FL 32856

Purpose of Disbursement

contribution refund

Date (month day year)

3/25/93

Amount of Disbursement

70.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

John W. Boyle
7 N. Pine Circle
Belleair, FL 34616

Purpose of Disbursement

contribution refund

Date (month day year)

3/25/93

Amount of Disbursement

350.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th St., N.
St. Petersburg, FL 33705

Purpose of Disbursement

contribution refund

Date (month day year)

3/25/93

Amount of Disbursement

90.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

William A. Hunt
P. O. Box 6068
Pensacola, FL 32503

Purpose of Disbursement

contribution refund

Date (month day year)

4/08/93

Amount of Disbursement

400.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Shoshannah Stein
1745 52nd Street
Brooklyn, NY 11204

Purpose of Disbursement

contribution refund

Date (month day year)

4/08/93

Amount of Disbursement

1,000.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th St., N.
St. Petersburg, FL 33705

Purpose of Disbursement

contribution refund

Date (month day year)

4/23/93

Amount of Disbursement

240.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Dr., #2702
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month day year)

4/23/93

Amount of Disbursement

130.00

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

Vernon T. L. Eriksson
P. O. Box 878
Captiva, FL 33924

Purpose of Disbursement

contribution refund

Date (month day year)

4/23/93

Amount of Disbursement

450.00

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Attachment # 41A

52 | 75
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

<p>A. Full Name, Mailing Address and ZIP Code Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Coe-Land Group, Inc.</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 12/09/91</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code C. G. McGhee, Jr. 6740-114 Epping Forest Way, N. Jacksonville, FL 32217</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer information requested</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 11/04/91</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Turban Ct., Shell Point Vlg Ft. Myers, FL 33908</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer n/a</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 9/05/91</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Peter M. Sidall 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self-employed</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 11/01/91</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Charles J. Butts 435 Rio Casa Drive Indianalantic, FL 32903 earmarked</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Harris Corp.</p> <p>Occupation vice-president</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 10/21/91</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code earmarked through: HARRIS FEPPAC Melbourne, FL 32919</p> <p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. 7 Brook Lane Lakeland, FL 33803</p> <p>Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer W. S. Badcock Corp.</p> <p>Occupation furniture merchant</p> <p>Aggregate Year-to-Date - \$</p>	<p>Date (month, day, year) 10/30/91</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (transfer)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate Worksheet for each category of the Data Worksheet Page

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FORM NO. 11a

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Horace D. Klein 6807 Turban Court Ft. Myers, FL 33908	n/a	4/09/92	(500.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Horace D. Klein 6807 Turban Court Ft. Myers, FL 33908	n/a	4/09/92	500.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Horace D. Klein 6807 Turban Court, SPV Ft. Myers, FL 33908	n/a	2/19/92	25.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Horace D. Klein 6807 Turban Court, SPV Ft. Myers, FL 33908	n/a	4/02/92	125.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Horace D. Klein 6807 Turban Court, SPV Ft. Myers, FL 33908	n/a	5/29/92	100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caroline L. Klein 6807 Turban Ct., Shell Point Vlg Ft. Myers, FL 33908 \$50 refunded 7/27/92	n/a	2/05/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Schmitt 694 Regatta Court Naples, FL 33940	n/a	1/21/92	250.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Occupation homemaker	Aggregate Year to Date \$	250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page (the line number only))

9 2 2 0 1 7 3 1 6 6

Attachment # 41C

FRIENDS OF CONNIE MACK

3375

PRIMARY ACCOUNT

P. O. BOX 988

FLORIDA 32801-0008

July 27, 1992

0-28-92

PAID TO

Caroline L. Klein

\$50.00

FIFTY AND NO /100

DOLLARS

FIRST FLORIDA

#003375# 60631002641 400870393#

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF YOUR DEBITED BALANCE
IF NOT DEBITED PLEASE NOTIFY US PROMPTLY. NO REFUND CASHED.

DELUXE - FORM 8VCP-4 78

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$50.00

9403097522
92000173169

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 of 9
FORM LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Carlton Sutphin 9098 Old Frederick Road Ellicott City, MD 21043	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Betsy Freiburger 2999 Date Palm Road Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Watkins P. O. Box 1738 Atlanta, GA 30301	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd Stuart, FL 34996	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caroline L. Klein 6807 Turben Ct., SPV Ft. Myers, FL 33908	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Lauer P. O. Box 8604 Deerfield Beach, FL 33441	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David L. Brooks 6556 Ridgewood Dr. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

FOR LINE NUMBER #
11a

This information should have been reported and substantiated on the return for the purpose of establishing contributions or for commercial purposes. It is not to be used for any other purpose.

LIST OF CHARITABLE CONTRIBUTIONS

A. Full Name, Mailing Address and ZIP Code William F. Eckhart, Jr., M.D. 675 Durblane Drive Winter Park, FL 32972	Name of Employer self-employed	Date (month, day, year) 9/25/92	Amount of Each Receipt this Period 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation physician	Aggregate Year-to-Date > \$ 450.00	
B. Full Name, Mailing Address and ZIP Code William F. Eckhart, Jr., M.D. 675 Durblane Drive Winter Park, FL 32972	Name of Employer self-employed	Date (month, day, year) 12/11/92	Amount of Each Receipt this Period 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation physician	Aggregate Year-to-Date > \$ 450.00	
C. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Tuxton Ct., Shell Point Vlg FL Myers, FL 33908	Name of Employer n/a	Date (month, day, year) 8/25/92	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Tuxton Ct., Shell Point Vlg FL Myers, FL 33908	Name of Employer n/a	Date (month, day, year) 10/19/92	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code Julio C. Tabull 6910 Talavera Street Coral Gables, FL 33146	Name of Employer JCR & Associates	Date (month, day, year) 11/04/92	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation public relations	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code John R. Stiller 6918 Old Whiskey Creek Dr. FL Myers, FL 33919	Name of Employer self-employed	Date (month, day, year) 7/14/92	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation physician	Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code John R. Stiller 6918 Old Whiskey Creek Dr. FL Myers, FL 33919 \$525 refund 1/22/93	Name of Employer self-employed	Date (month, day, year) 10/22/92	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation physician	Aggregate Year-to-Date > \$ 750.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

The receipts scheduled
for each category of the
Detailed Summary PagePAGE 43 OF 51
FOR LINE NUMBER 11a

LIST OF CONTRIBUTORS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
1. Jack Rupelmann P. O. Box 1630 Panama, FL 32307	Standard Distr. Co.	1/25/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation wholesaler Aggregate Year-to-Date > 8		400.00
2. Wayland T. O'Connell, Jr. P. O. Box 18626 Jacksonville, FL 32216	n/a	2/22/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired Aggregate Year-to-Date > 8		400.00
3. George Hodges, Jr. P. O. Box 16771 Jacksonville, FL 32245	self-employed	2/12/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation investments Aggregate Year-to-Date > 8		400.00
4. Y. E. Hall, Jr. P. O. Box 18247 Jacksonville, FL 32229	self-employed	2/01/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > 8		400.00
5. Richard Dertxler P. O. Box 192 Winter Haven, FL 33882	self-employed	1/12/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation realtor Aggregate Year-to-Date > 8		400.00
6. Grace A. Andersen P. O. Box 19426 Jacksonville, FL 32245	n/a	2/12/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation housewife Aggregate Year-to-Date > 8		400.00
7. Frank E. Pugh P. O. Box 20113 Tallahassee, FL 32316	n/a	2/04/90	400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired Aggregate Year-to-Date > 8		400.00

SUBTOTAL of Receipts This Page (Section 1)

TOTAL This Period (all pages this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Qualified Salary Page

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118

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NAME OF COMMITTEE to Fill

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Donald C. Fort
P. O. Box 23549
Jacksonville, FL 32217

Name of Employer

Fort Development Co.

Date (month, day, year)

5/23/91

Amount of Each Receipt this Period

400.00

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

Occupation

president

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

William D. Griffin
P. O. Box 25423
Sarasota, FL 34277

Name of Employer

Riscorp

Date (month, day, year)

2/21/91

Amount of Each Receipt this Period

130.00

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

Occupation

president

Aggregate Year-to-Date > \$

130.00

C. Full Name, Mailing Address and ZIP Code

Larry J. Rosengquist
P. O. Box 260879
Tampa, FL 33685

Name of Employer

information requested

Date (month, day, year)

4/15/91

Amount of Each Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

John Daniel Harrell
P. O. Box 2768
Pensacola, FL 32503

Name of Employer

self-employed

Date (month, day, year)

2/14/91

Amount of Each Receipt this Period

300.00

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

Occupation

oil operator

Aggregate Year-to-Date > \$

300.00

E. Full Name, Mailing Address and ZIP Code

C. C. Dockery
P. O. Box 2805
Lakeland, FL 33806

Name of Employer

self-employed

Date (month, day, year)

2/08/91

Amount of Each Receipt this Period

130.00

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

Occupation

insurance executive

Aggregate Year-to-Date > \$

130.00

F. Full Name, Mailing Address and ZIP Code

D. Jack Ryselman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month, day, year)

1/07/91

Amount of Each Receipt this Period

400.00

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

Occupation

wholesaler

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

Hugh J. Schell, Jr.
P. O. Box 3031
Orlando, FL 32802

Name of Employer

Post Harvick

Date (month, day, year)

2/26/91

Amount of Each Receipt this Period

130.00

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

Occupation

C.F.A.

Aggregate Year-to-Date > \$

130.00

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (from page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 98 of 110
FORM LINE NUMBER 11a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

D. Jack Kugelmen
P. O. Box 30130
Pensacola, FL 32503
6100 refunded 7/27/92
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

2/13/92

Amount of Each
Receipt this Period

100.00

Occupation

wholesaler

Aggregate Year to Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

F. Philip Handy
P. O. Box 3090
Winter Park, FL 32790
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

1/27/92

Amount of Each
Receipt this Period

150.00

Occupation

financier

Aggregate Year to Date \$

480.00

C. Full Name, Mailing Address and ZIP Code

F. Philip Handy
P. O. Box 3090
Winter Park, FL 32790
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

5/26/92

Amount of Each
Receipt this Period

330.00

Occupation

financier

Aggregate Year to Date \$

480.00

D. Full Name, Mailing Address and ZIP Code

F. Philip Handy
P. O. Box 3090
Winter Park, FL 32790
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

6/29/92

Amount of Each
Receipt this Period(140.00)
redesignated

Occupation

financier

Aggregate Year to Date \$

480.00

E. Full Name, Mailing Address and ZIP Code

F. Philip Handy
P. O. Box 3090
Winter Park, FL 32790
Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

6/29/92

Amount of Each
Receipt this Period140.00
redesignated

Occupation

financier

Aggregate Year to Date \$

480.00

F. Full Name, Mailing Address and ZIP Code

Philip M. Stephenson
P. O. Box 321
Winter Park, FL 32790
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

1/21/92

Amount of Each
Receipt this Period

150.00

Occupation

retired

Aggregate Year to Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Philip M. Stephenson
P. O. Box 321
Winter Park, FL 32790
Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

2/20/92

Amount of Each
Receipt this Period

100.00

Occupation

retired

Aggregate Year to Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752236

9 2 0 2 0 1 7 3 1 6 7

Attachment # 42D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1000
TAMPA, FLORIDA 33601-1000

3870

PAY TO THE
ORDER OF

P. Jack Kugelman

\$300.00

THREE HUNDRED AND NO/100

DOLLARS

FIRST NATIONAL
FLORIDA BANK



#003376# #063100264# 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT
The attached check is in payment of funds deposited herein.
If not correct please return to account. No receipt required.

DELUXE - FORM SVCS 70

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$300.00

24030975267
92020173167

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 9
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Dawilda N. Harris
4961 Joswood Drive
Sanibel, FL 33957

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

125.00

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

D. Jack Rugelmann
P. O. Box 30130
Pensacola, FL 32503

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

300.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
3820 Hopkins Street
Pensacola, FL 32505

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

200.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

Douglas K. Reborn
40 Country Road, South
Village of Golf, FL 33436

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

100.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

220.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

E. R. Preston, Jr.
3251 Green Dolphin Lane
Naples, FL 33940

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

250.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

E. Thom Rumberger
P. O. Box 1873
Orlando, FL 32802

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Eugene C. Figg, Jr.
410 North Ride
Tallahassee, FL 32303

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

250.00

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

Dr. Florence Hicks Alexander
110 Amberwood Court
Longwood, FL 32779

Purpose of Disbursement

contribution refund

Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

500.00

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page166 331
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Elizabeth M. Krochak
2290 Main Sail Cove
Kissimmee, FL 34746

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period
500.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

William A. Krusen
3110 Agawan St.
Tampa, FL 33629

Name of Employer

Gen. Eng. & Machinery

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period
250.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

chairman

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code

D. Jack Rugelman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

3/03/93

Amount of Each
Receipt this Period
200.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$ 400.00

D. Full Name, Mailing Address and ZIP Code

D. Jack Rugelman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

4/10/93

Amount of Each
Receipt this Period
(200.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$ 400.00

E. Full Name, Mailing Address and ZIP Code

D. Jack Rugelman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

4/10/93

Amount of Each
Receipt this Period
200.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$ 400.00

F. Full Name, Mailing Address and ZIP Code

D. Jack Rugelman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

6/09/93

Amount of Each
Receipt this Period
200.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code

D. Jack Rugelman
P. O. Box 30130
Pensacola, FL 32503

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

6/14/93

Amount of Each
Receipt this Period
(200.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

wholesaler

Aggregate Year-to-Date > \$ 400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752900

SCHEDULE A

ITEMIZED RECEIPTS

Attachment 42G

Use separate
for each category of the
Detailed Summary Page

167 J.J.I.
FOR LINE NUMBER
11a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

**D. Jack Rugelmann
P. O. Box 30130
Pensacola, FL 32503**

Name of Employer

Standard Distr. Co.

Date (month,
day, year)

6/14/93

Amount of Each
Receipt this Period

**200.00
redesignated**

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

Occupation

wholesaler

Aggregate Year-to-Date > \$ **400.00**

B. Full Name, Mailing Address and ZIP Code

**William C. Rumnath
P. O. Box 439
Palm City, FL 34990**

Name of Employer

n/a

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

400.00

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

Occupation

retired

Aggregate Year-to-Date > \$ **400.00**

C. Full Name, Mailing Address and ZIP Code

**William C. Rumnath
P. O. Box 439
Palm City, FL 34990**

Name of Employer

n/a

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period

**(200.00)
redesignated**

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

Occupation

retired

Aggregate Year-to-Date > \$ **400.00**

D. Full Name, Mailing Address and ZIP Code

**William C. Rumnath
P. O. Box 439
Palm City, FL 34990**

Name of Employer

n/a

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period

**200.00
redesignated**

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

Occupation

retired

Aggregate Year-to-Date > \$ **400.00**

E. Full Name, Mailing Address and ZIP Code

**Robert E. Rusch
540 Sea Oak Drive
Vero Beach, FL 32963**

Name of Employer

self-employed

Date (month,
day, year)

3/19/93

Amount of Each
Receipt this Period

50.00

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

Occupation

attorney

Aggregate Year-to-Date > \$ **225.00**

F. Full Name, Mailing Address and ZIP Code

**Robert E. Rusch
540 Sea Oak Drive
Vero Beach, FL 32963**

Name of Employer

self-employed

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

75.00

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

Occupation

attorney

Aggregate Year-to-Date > \$ **225.00**

G. Full Name, Mailing Address and ZIP Code

**Robert E. Rusch
540 Sea Oak Drive
Vero Beach, FL 32963**

Name of Employer

self-employed

Date (month,
day, year)

6/14/93

Amount of Each
Receipt this Period

100.00

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

Occupation

attorney

Aggregate Year-to-Date > \$ **225.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94:003200907702:96

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 56 OF 59
FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

John E. Price, Jr.
P. O. Box 950
Immokalee, FL 33934

Name of Employer

self-employed

Date (month,
day, year)

12/11/89

Amount of Each
Receipt this Period

500.00

Occupation

rancher

Aggregate Year-to-Date > \$

1,000.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code

Mrs. John E. Price, Jr.
P. O. Box 950
Immokalee, FL 33934

Name of Employer

n/a

Date (month,
day, year)

12/11/89

Amount of Each
Receipt this Period

500.00

Occupation

housewife

Aggregate Year-to-Date > \$

500.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

8/21/89

Amount of Each
Receipt this Period

330.00

Occupation

executive

Aggregate Year-to-Date > \$

580.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

n/a

Date (month,
day, year)

8/25/89

Amount of Each
Receipt this Period

330.00

Occupation

housewife

Aggregate Year-to-Date > \$

330.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789

Name of Employer

self-employed

Date (month,
day, year)

8/22/89

Amount of Each
Receipt this Period

330.00

Occupation

hotels

Aggregate Year-to-Date > \$

330.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602

Name of Employer

Ben Campen Realty

Date (month,
day, year)

10/10/89

Amount of Each
Receipt this Period

330.00

Occupation

realtor

Aggregate Year-to-Date > \$

660.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602

Name of Employer

Ben Campen Realty

Date (month,
day, year)

12/19/89

Amount of Each
Receipt this Period

330.00

Occupation

realtor

Aggregate Year-to-Date > \$

660.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

Use space scheduled
for each category of the
Detailed Summary Page

Page 26 of 27
FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK
A. Full Name, Mailing Address and ZIP Code
H. M. Snow, Jr.
P. O. Box 8529
Orlando, FL 32856
Name of Employer
Snow Bonding

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

160.00
Occupation
bail bondsman

Aggregate Year-to-Date \$

330.00

Receipt For

☐ Primary

☒ General

☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code
H. M. Snow, Jr.
P. O. Box 8529
Orlando, FL 32856
Name of Employer
Snow Bonding

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

170.00
Occupation
bail bondsman

Aggregate Year-to-Date \$

330.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code
Kitty Yates
P. O. Box 9332
Winter Haven, FL 33883
Name of Employer
information requested

Date (month,
day, year)

8/24/90

Amount of Each
Receipt this Period

400.00
Occupation
information requested

Aggregate Year-to-Date \$

400.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code
Robert E. Langford
P. O. Box 970
Winter Park, FL 32789
Name of Employer
self-employed

Date (month,
day, year)

11/20/90

Amount of Each
Receipt this Period

330.00
Occupation
hotels

Aggregate Year-to-Date \$

330.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code
Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602
Name of Employer
Ben Campen Realty

Date (month,
day, year)

12/03/90

Amount of Each
Receipt this Period

330.00
Occupation
realtor

Aggregate Year-to-Date \$

330.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code
Robert B. Clifton
P. O. Drawer 3805
Cocoa, FL 32924
Name of Employer
Clifton Construction

Date (month,
day, year)

12/17/90

Amount of Each
Receipt this Period

400.00
Occupation
builder

Aggregate Year-to-Date \$

400.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code
Robert A. Pugh, III
P. O. Drawer 810
Tallahassee, FL 32302
Name of Employer
Holland & Knight

Date (month,
day, year)

12/03/90

Amount of Each
Receipt this Period

330.00
Occupation
attorney

Aggregate Year-to-Date \$

330.00

Receipt For

☒ Primary

☐ General

☐ Other (specify):

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 72 OF 75
FOR LINE NUMBER
118

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 NACK

A. Full Name, Mailing Address and ZIP Code

Claire Sutton
P. O. Box 9080
Clearwater, FL 34618

Name of Employer

n/a

Date (month,
day, year)

10/16/91

Amount of Each
Receipt this Period

500.00

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

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

John H. Quinn
P. O. Box 941539
Maitland, FL 32794

Name of Employer

self-employed

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

330.00

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

Occupation

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

J. H. Baroco, Jr.
P. O. Box 950
Pensacola, FL 32594

Name of Employer

Baroco Electric Co.

Date (month,
day, year)

10/31/91

Amount of Each
Receipt this Period

400.00

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

Occupation

owner

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

8/07/91

Amount of Each
Receipt this Period

240.00

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

Occupation

executive

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789

Name of Employer

self-employed

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

330.00

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

Occupation

hotels

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Robert Seall, II
P. O. Box N
Bradenton, FL 34206

Name of Employer

Seall's

Date (month,
day, year)

10/14/91

Amount of Each
Receipt this Period

500.00

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

Occupation

retailer

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Tallahassee Partnership
P. O. Drawer 1838
Tallahassee, FL 32302

Name of Employer

n/a

Date (month,
day, year)

10/22/91

Amount of Each
Receipt this Period

500.00

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

Occupation

partnership

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

PA 107 118
Page 118

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Watkins Motor Lines

Date (month, day, year)

2/27/92

Amount of Each Receipt this Period

130.00

Occupation

executive

Aggregate Year-to-Date \$

660.00

B. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Watkins Motor Lines

Date (month, day, year)

5/13/92

Amount of Each Receipt this Period

130.00

Occupation

executive

Aggregate Year-to-Date \$

660.00

C. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789

Receipt For ☒ Other (specify) ☐ Primary ☐ General

Name of Employer

self-employed

Date (month, day, year)

1/16/92

Amount of Each Receipt this Period

150.00

Occupation

hotels

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789
\$320 refunded 7/27/92

Receipt For ☒ Other (specify) ☐ Primary ☐ General

Name of Employer

self-employed

Date (month, day, year)

2/28/92

Amount of Each Receipt this Period

180.00

Occupation

hotels

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602

Receipt For ☒ Other (specify) ☐ Primary ☐ General

Name of Employer

Ben Campen Realty

Date (month, day, year)

6/15/92

Amount of Each Receipt this Period

230.00

Occupation

realtor

Aggregate Year-to-Date \$

230.00

F. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602

Receipt For ☒ Other (specify) ☐ Primary ☐ General

Name of Employer

Ben Campen Realty

Date (month, day, year)

6/29/92

Amount of Each Receipt this Period

(230.00) redesignated

Occupation

realtor

Aggregate Year-to-Date \$

230.00

G. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602

Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Ben Campen Realty

Date (month, day, year)

6/29/92

Amount of Each Receipt this Period

230.00 redesignated

Occupation

realtor

Aggregate Year-to-Date \$

230.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 6 9

Attachment # 43E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

3378

July 27, 1992

60-25/631

PAY TO THE
ORDER OF

Robert E. Langford

\$ 320.00

THREE HUNDRED TWENTY AND NO/100 ----- DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank Plaza Office 603
11 West Palm Beach
Tampa, Florida 33602

#003378# 1:0631002641: 400870393#

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

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
5/27/92	Contribution Refund	\$320.00

9403097525

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 7 9
LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
E. Full Name, Mailing Address and ZIP Code Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
G. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33803	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
H. Full Name, Mailing Address and ZIP Code Robert J. Brueck, M.D. 25 Palcoewood Court Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
I. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

71

FOR LINE BLANKS IN
11a

Form 1041-100 (Rev. 1-78) This form is to be used to report the income of a trust or estate for the purpose of calculating contributions or for distributions of income. It should be completed by the person who has the legal obligation to report the income of the trust or estate. It should be completed for each calendar year.

Form 1041-100 (Rev. 1-78)

Form 1041-100 (Rev. 1-78)

A. Full Name, Mailing Address and ZIP Code
 William E. Garrett, Jr.
 P. O. Box 942
 Marco Island, FL 33953

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer
 self-employed

Date (month, day, year)
 9/23/92

Amount of Each Receipt this Period
 250.00

Occupation
 developer
 Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code
 William E. Barrett, Jr.
 P. O. Box 942
 Marco Island, FL 33953

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer
 n/a

Date (month, day, year)
 10/27/92

Amount of Each Receipt this Period
 100.00

Occupation
 retired
 Aggregate Year-to-Date > \$ 600.00

C. Full Name, Mailing Address and ZIP Code
 Stephen C. Moore
 P. O. Box 9308
 Greensboro City, FL 33466

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer
 Steve Moore Chevrolet

Date (month, day, year)
 8/27/92

Amount of Each Receipt this Period
 500.00

Occupation
 sales
 Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
 Sam Watkins
 P. O. Box 9308
 Lakeland, FL 33804

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer
 Watkins Motor Lines

Date (month, day, year)
 12/15/92

Amount of Each Receipt this Period
 250.00

Occupation
 executive
 Aggregate Year-to-Date > \$ 350.00

E. Full Name, Mailing Address and ZIP Code
 Robert E. Langford
 P. O. Box 970
 Winter Park, FL 32789

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer
 self-employed

Date (month, day, year)
 8/19/92

Amount of Each Receipt this Period
 320.00

Occupation
 hotels
 Aggregate Year-to-Date > \$ 330.00

F. Full Name, Mailing Address and ZIP Code
 Robert E. Beall, II
 P. O. Box 11
 Bradenton, FL 34206

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer
 Beall's

Date (month, day, year)
 11/12/92

Amount of Each Receipt this Period
 500.00

Occupation
 florist
 Aggregate Year-to-Date > \$ 600.00

G. Full Name, Mailing Address and ZIP Code
 P. O. Box 828
 Tallahassee, FL 32302

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer
 Holland & Knight

Date (month, day, year)
 9/2/92

Amount of Each Receipt this Period
 130.00

Occupation
 security
 Aggregate Year-to-Date > \$ 620.00

SUBTOTAL of Receipts This Page (attachall)

TOTAL This Period (fill page 4b line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 43H

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

FORM 170 311
FOR LINE NUMBER 11B

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975238
9000070594

171	331
FOR LINE NUMBER	
118	

NAME OF COMMITTEE (No. F-20)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789		Name of Employer self-employed	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period (330.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation hotels		
		Aggregate Year-to-Date > \$	680.00	
B. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789		Name of Employer self-employed	Date (month, day, year) 2/05/93	Amount of Each Receipt this Period 330.00 redesignated
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation hotels		
		Aggregate Year-to-Date > \$	680.00	
C. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789		Name of Employer self-employed	Date (month, day, year) 5/05/93	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation hotels		
		Aggregate Year-to-Date > \$	680.00	
D. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217		Name of Employer Langley Co.	Date (month, day, year) 4/21/93	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation investments		
		Aggregate Year-to-Date > \$	100.00	
E. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217		Name of Employer Langley Co.	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period (900.00) reattributed
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation investments		
		Aggregate Year-to-Date > \$	100.00	
F. Full Name, Mailing Address and ZIP Code Dorothy G. Langley 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217		Name of Employer information requested	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period 900.00 reattributed
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation information requested		
		Aggregate Year-to-Date > \$	900.00	
G. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217		Name of Employer Langley Co.	Date (month, day, year) 6/15/93	Amount of Each Receipt this Period (100.00) redesignated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation investments		
		Aggregate Year-to-Date > \$	100.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE

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Form 1120-SS
110

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bryan P. O. Box 7002 St. Petersburg, FL 33734	Bryan Development, Inc.	5/04/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation developer	Aggregate Year to Date \$	330.00
B Full Name, Mailing Address and ZIP Code Marion Bryan P. O. Box 7002 St. Petersburg, FL 33734	self-employed	5/04/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation fashion retailer	Aggregate Year to Date \$	330.00
C Full Name, Mailing Address and ZIP Code Don Rushing P. O. Box 711 Pensacola, FL 32593	Fisher Brown, Inc.	2/27/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation insurance	Aggregate Year to Date \$	400.00
D Full Name, Mailing Address and ZIP Code Anne H. Rudder P. O. Box 726 Hobe Sound, FL 33475	self-employed	6/01/90	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation investor	Aggregate Year to Date \$	500.00
E Full Name, Mailing Address and ZIP Code Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	Laser Exp.	2/27/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation executive	Aggregate Year to Date \$	400.00
F Full Name, Mailing Address and ZIP Code Steve Lett P. O. Box 908 Ft. Pierce, FL 33454	self-employed	6/12/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation auto dealer	Aggregate Year to Date \$	400.00
G Full Name, Mailing Address and ZIP Code J. H. Baroco, Jr. P. O. Box 950 Pensacola, FL 32594	Baroco Electric Co.	1/24/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation owner	Aggregate Year to Date \$	400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL (to be filled in last page of this number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use space provided
for each category of the
Detailed Summary PagePAGE 42 OF 45
FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Ted Henny
P. O. Box 785
Punta City, FL 33408

Name of Employer

Henny & Assoc.

Date (month,
day, year)

1/08/91

Amount of Each
Receipt this Period

330.00

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

Occupation

insurance agent
Approx Year-to-Date > 8

330.00

B. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8604
Deerfield Beach, FL 33441

Name of Employer

Laser Sp.

Date (month,
day, year)

1/28/91

Amount of Each
Receipt this Period

400.00

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

Occupation

executive
Approx Year-to-Date > 8

400.00

C. Full Name, Mailing Address and ZIP Code

Patti S. Roe
P. O. Box 900
Winter Haven, FL 33882

Name of Employer

information requested

Date (month,
day, year)

2/14/91

Amount of Each
Receipt this Period

330.00

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

Occupation

information requested
Approx Year-to-Date > 8

330.00

D. Full Name, Mailing Address and ZIP Code

John A. McCoy, M.D.
P. O. Box 9019
Winter Haven, FL 33880

Name of Employer

Health Care Assoc.

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

660.00

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

Occupation

president
Approx Year-to-Date > 8

660.00

E. Full Name, Mailing Address and ZIP Code

Stephen C. Moore
P. O. Box 9500
Greenacres, FL 33466

Name of Employer

Steve Moore Chevrolet

Date (month,
day, year)

4/08/91

Amount of Each
Receipt this Period

900.00

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

Occupation

auto dealer
Approx Year-to-Date > 8

900.00

F. Full Name, Mailing Address and ZIP Code

John Y. Watkins
P. O. Box 95002
Lakeland, FL 33804
\$240 refund 7/22/91

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

1/29/91

Amount of Each
Receipt this Period

330.00

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

Occupation

executive
Approx Year-to-Date > 8

330.00

G. Full Name, Mailing Address and ZIP Code

John S. Oelt
P. O. Box 986
Pensacola, FL 32595

Name of Employer

self-employed

Date (month,
day, year)

1/04/91

Amount of Each
Receipt this Period

600.00

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

Occupation

developer
Approx Year-to-Date > 8

600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedules for each category of the (Detailed Summary Page

PAGE 105 111
FOR LINE NUMBER 11a

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence N. Curtin P. O. Box 810 Tallahassee, FL 32302 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Holland & Knight Occupation: attorney Aggregate Year to Date: \$	2/13/92	130.00
B Full Name, Mailing Address and ZIP Code Hal D. Condrey P. O. Box 8396 Orlando, FL 32806 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Comm Iron & Metals Co Occupation: scrap metal recycling Aggregate Year to Date: \$	1/21/92	250.00
C Full Name, Mailing Address and ZIP Code Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441 \$200 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Laser Exp. Occupation: executive Aggregate Year to Date: \$	3/26/92	400.00
D Full Name, Mailing Address and ZIP Code Vernon T. L. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	n/a Occupation: retired Aggregate Year to Date: \$	5/28/92	1,000.00
E Full Name, Mailing Address and ZIP Code Vernon T. L. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	n/a Occupation: retired Aggregate Year to Date: \$	6/30/92	(950.00) redesignated
F Full Name, Mailing Address and ZIP Code Vernon T. L. Eriksson P. O. Box 878 Captiva, FL 33924 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	n/a Occupation: retired Aggregate Year to Date: \$	6/30/92	950.00 redesignated
G Full Name, Mailing Address and ZIP Code Patti S. Roe P. O. Box 900 Winter Haven, FL 33882 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	information requested Occupation: information requested Aggregate Year to Date: \$	3/10/92	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 6 8

Attachment # 44D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3377

July 27, 1992

09-26/92

PAY TO THE
ORDER OF

Charles Laser

\$ 200.00

TWO HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Equal Opportunity Lender
201 West Park Street
Tampa, Florida 33606

#003377# 10631002641 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS A PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY AND RECEIPT RETURNED

DELUXE - FORM BVCP-3 V-2

940309752168

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 9
FOR LINE NUMBER 20a

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Carlton Sutphin 9098 Old Frederick Road Ellicott City, MD 21043	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Betsy Freiburger 2999 Date Palm Road Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Watkins P. O. Box 1738 Atlanta, GA 30301	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd Stuart, FL 34996	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caroline L. Klein 6807 Turban Ct., SPV Ft. Myers, FL 33908	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Laser P. O. Box 8604 Deerfield Beach, FL 33441	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David L. Brooks 6556 Ridgewood Dr. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 44F

Use separate
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11a

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 NACK

A. Full Name, Mailing Address and ZIP Code Richard Telford P. O. Box 7425 Maples, FL 33941 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Tree Plateau Co. Occupation executive Aggregate Year-to-Date \$ 235.00	Date (month, day, year) 12/17/92 Amount of Each Receipt this Period 75.00
B. Full Name, Mailing Address and ZIP Code J. M. Steadham P. O. Box 777 Gainesville, FL 32601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation information requested Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 11/20/92 Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Lawrence N. Curtin P. O. Box 810 Tallahassee, FL 32312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date \$ 830.00	Date (month, day, year) 12/18/92 Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Lawrence N. Curtin P. O. Box 810 Tallahassee, FL 32312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date \$ 830.00	Date (month, day, year) 12/31/92 Amount of Each Receipt this Period (490.00) redesignated
E. Full Name, Mailing Address and ZIP Code Lawrence N. Curtin P. O. Box 810 Tallahassee, FL 32312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Holland & Knight Occupation attorney Aggregate Year-to-Date \$ 830.00	Date (month, day, year) 12/31/92 Amount of Each Receipt this Period 490.00 redesignated
F. Full Name, Mailing Address and ZIP Code Mal D. Conroy P. O. Box 8706 Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Comm Iron & Metals Co Occupation scrap metal recycling Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 12/17/92 Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Charles L. Lusk P. O. Box 8604 Deerfield Beach, FL 33441 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Laser Exp. Occupation executive Aggregate Year-to-Date \$ 400.00	Date (month, day, year) 8/19/92 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 44G

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

PAGE 172 OF 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

E. Robert Langley, Jr.
3733 University Blvd. W., Suite 208
Jacksonville, FL 32217

Name of Employer

Langley Co.

**Date (month,
day, year)**

6/15/93

**Amount of Each
Receipt this Period**

**100.00
redesignated**

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

Occupation

investments

Aggregate Year-to-Date > \$

100.00

B. Full Name, Mailing Address and ZIP Code

Robert L. Larsen
913 Golf View
Tampa, FL 33629

Name of Employer

self-employed

**Date (month,
day, year)**

6/07/93

**Amount of Each
Receipt this Period**

250.00

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

Occupation

executive

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8604
Deerfield Beach, FL 33441

Name of Employer

Laser Exp.

**Date (month,
day, year)**

2/12/93

**Amount of Each
Receipt this Period**

600.00

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

Occupation

executive

Aggregate Year-to-Date > \$

800.00

D. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8604
Deerfield Beach, FL 33441

Name of Employer

Laser Exp.

**Date (month,
day, year)**

3/06/93

**Amount of Each
Receipt this Period**

**(600.00)
redesignated**

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

Occupation

executive

Aggregate Year-to-Date > \$

800.00

E. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8604
Deerfield Beach, FL 33441

Name of Employer

Laser Exp.

**Date (month,
day, year)**

3/06/93

**Amount of Each
Receipt this Period**

**600.00
redesignated**

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

Occupation

executive

Aggregate Year-to-Date > \$

800.00

F. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8604
Deerfield Beach, FL 33441

Name of Employer

Laser Exp.

**Date (month,
day, year)**

5/05/93

**Amount of Each
Receipt this Period**

200.00

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

Occupation

executive

Aggregate Year-to-Date > \$

800.00

G. Full Name, Mailing Address and ZIP Code

Bessie S. Last
13837 Kimberly Drive
Largo, FL 34644

Name of Employer

n/a

**Date (month,
day, year)**

1/29/93

**Amount of Each
Receipt this Period**

200.00

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

Occupation

retired

Aggregate Year-to-Date > \$

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

24033980504966

SCHEDULE A

ITEMIZED RECEIPTS

Use space scheduled for each category of the Detailed Summary Page	Page 25 of 27
	FOR LINE 11a

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 campaign 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 HACK

A. Full Name, Mailing Address and ZIP Code William C. Barnath P. O. Box 439 Palm City, FL 34990	Name of Employer self-employed	Date (month, day, year) 12/06/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation consultant	Aggregate Year-to-Date \$ 800.00	
B. Full Name, Mailing Address and ZIP Code George E. Batchelor P. O. Box 523223 Miami, FL 33152	Name of Employer Instl Air Lenses, Inc	Date (month, day, year) 9/17/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Fred L. MacLeod P. O. Box 5683 Orlando, FL 32805	Name of Employer FLM, Inc.	Date (month, day, year) 12/06/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president	Aggregate Year-to-Date \$ 330.00	
D. Full Name, Mailing Address and ZIP Code Gregory A. Maltby P. O. Box 576 Hastings, FL 32045	Name of Employer self-employed	Date (month, day, year) 12/21/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation farmer	Aggregate Year-to-Date \$ 330.00	
E. Full Name, Mailing Address and ZIP Code W. H. Loftin P. O. Box 5812 Lakeland, FL 33807	Name of Employer Loftin Real Estate	Date (month, day, year) 7/05/90	Amount of Each Receipt this Period 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation realtor	Aggregate Year-to-Date \$ 730.00	
F. Full Name, Mailing Address and ZIP Code W. H. Loftin P. O. Box 5812 Lakeland, FL 33807 refunded \$60.00 1/28/91	Name of Employer Loftin Real Estate	Date (month, day, year) 10/01/90	Amount of Each Receipt this Period 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation realtor	Aggregate Year-to-Date \$ 730.00	
G. Full Name, Mailing Address and ZIP Code Lorris C. Luddy, Jr. P. O. Box 711 Orlando, FL 32802	Name of Employer information requested	Date (month, day, year) 12/18/90	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested	Aggregate Year-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 104 110
FORM LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John Bryan
P. O. Box 7002
St. Petersburg, FL 33734Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Bryan Development, Inc

Date (month,
day, year)

4/30/92

Amount of Each
Receipt this Period

(120.00)

redesignated

Occupation

developer

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

John Bryan
P. O. Box 7002
St. Petersburg, FL 33734Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

Bryan Development, Inc

Date (month,
day, year)

4/30/92

Amount of Each
Receipt this Period

120.00

redesignated

Occupation

developer

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

Loomis C. Leedy, Jr.
P. O. Box 711
Orlando, FL 32802Receipt For ☒ Primary ☐ General
Other (specify) \$100 refunded 7/27/92

Name of Employer

The Leedy Corp.

Date (month,
day, year)

2/28/92

Amount of Each
Receipt this Period

500.00

Occupation

municipal bond dealer

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

5/14/92

Amount of Each
Receipt this Period

400.00

Occupation

insurance

Aggregate Year-to-Date \$

400.00

E. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

6/29/92

Amount of Each
Receipt this Period

(200.00)

redesignated

Occupation

insurance

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

6/29/92

Amount of Each
Receipt this Period

200.00

redesignated

Occupation

insurance

Aggregate Year-to-Date \$

400.00

G. Full Name, Mailing Address and ZIP Code

Philip C. Groves
P. O. Box 730
Pt. Pierce, FL 34954Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Kansha Groves

Date (month,
day, year)

3/02/92

Amount of Each
Receipt this Period

250.00

Occupation

citrus

Aggregate Year-to-Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975248

9 0 2 0 1 7 3 1 7 0

Attachment # 45C

FRIENDS OF CONNIE MACK**3379**

PRIMARY ACCOUNT
P. O. BOX 1836
TAMPA, FLORIDA 33601-1836

July 27, 1992

88-25/531

PAY TO THE ORDER OF Loomis C. Leedy, Jr. \$ 100.00

ONE HUNDRED AND NO/100 ----- DOLLARS

FIRST First Florida Bank, S.A.
Sole Proprietor
P.O. Box 1836
Tampa, Florida 33601
FLORIDA

#003379# 1:063100264: 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM BYCPS V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$100.00

9,403,097,544.9

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 9
FOR LINE NUMBER 20a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	490.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lillian North 949 Tomas Ct. Orlando, FL 32825	contribu + refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	11/05/92	75.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Locnis C. Leedy, Jr. P. O. Box 711 Orlando, FL 32802	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lorens Jacob P. O. Box 428 Mango, FL 33550	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	800.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucie B. Boetick 9 Brogden Court, S.E. Winter Haven, FL 33880	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martha W. Hurd 115 Lanford Road Piedmont, CA 94611	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	400.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	450.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Morris A. Rowe 1030 Gray Road Ocoee, FL 32926	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/27/92	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Morris A. Rowe 1030 Gray Road Ocoee, FL 32926	contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	8/10/92	180.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule
for each category of the
Detailed Summary Page

 PAGE 174 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 Thomas E. Lee, Jr.
18723 Rio Vista Drive
Tequesta, FL 33469

Name of Employer

Lee, Schulte et al

Date (month, day, year)

2/08/93

Amount of Each Receipt this Period

500.00
redesignated
 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

 Thomas E. Lee, Jr.
18723 Rio Vista Drive
Tequesta, FL 33469

Name of Employer

Lee, Schulte et al

Date (month, day, year)

5/06/93

Amount of Each Receipt this Period

500.00

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

 Thomas E. Lee, Jr.
18723 Rio Vista Drive
Tequesta, FL 33469

Name of Employer

Lee, Schulte et al

Date (month, day, year)

6/16/93

Amount of Each Receipt this Period

(500.00)
redesignated
 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

 Thomas E. Lee, Jr.
18723 Rio Vista Drive
Tequesta, FL 33469

Name of Employer

Lee, Schulte et al

Date (month, day, year)

6/16/93

Amount of Each Receipt this Period

500.00
redesignated
 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

 Loomis C. Leedy, Jr.
P. O. Box 711
Orlando, FL 32802

Name of Employer

The Leedy Corp.

Date (month, day, year)

2/08/93

Amount of Each Receipt this Period

500.00

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

municipal bond dealer

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

 Loomis C. Leedy, Jr.
P. O. Box 711
Orlando, FL 32802

Name of Employer

The Leedy Corp.

Date (month, day, year)

3/09/93

Amount of Each Receipt this Period

(500.00)
redesignated
 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

municipal bond dealer

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

 Loomis C. Leedy, Jr.
P. O. Box 711
Orlando, FL 32802

Name of Employer

The Leedy Corp.

Date (month, day, year)

3/09/93

Amount of Each Receipt this Period

500.00
redesignated
 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

municipal bond dealer

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

240309752093

SP-100 (Rev. 1-79)

FINANCIAL DISCLOSURE

U.S. Department of Justice
Federal Bureau of Investigation
Financial Disclosure PagePage 10 of 27
Form 100-10 (Rev. 11-80)

The information on this report and attachments may not be used or relied upon by any person for the purpose of obtaining credit or for commercial purposes, and the release of this information is subject to the provisions of the Freedom of Information Act.

Name of Contributor to Fund

NAME OF CONTRIBUTOR

A. Full Name, Mailing Address and ZIP Code

Carl W. Lewis, M.D.
2411 N. Wallis
Daytona Beach, FL 32018

Name of Employer

self-employed

Date (month, day, year)

9/04/90

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

pathologist

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Douglas E. Thompson, Jr.
2416 S.W. 23rd Street
Gainesville, FL 32606

Name of Employer

Acting Firms Assoc.

Date (month, day, year)

11/28/90

Amount of Each Receipt this Period

330.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

C.P.A.

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

W. Clayton Hollis, Jr.
2429 Hollingsworth Hill
Lakeland, FL 33803

Name of Employer

Publix Supermarkets

Date (month, day, year)

11/20/90

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

government relations

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Daniel M. Harter
243 W. Park Avenue
Winter Park, FL 32789

Name of Employer

information requested

Date (month, day, year)

11/15/90

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Bill Kisey
25 Second Street, N., Suite 300
St. Petersburg, FL 33701

Name of Employer

Bay Plaza Companies

Date (month, day, year)

8/15/90

Amount of Each Receipt this Period

330.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

president

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Michael M. Van Buren
25 Second Street, N., Suite 300
St. Petersburg, FL

Name of Employer

Bay Plaza Companies

Date (month, day, year)

8/15/90

Amount of Each Receipt this Period

300.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

real estate

Aggregate Year-to-Date > \$

300.00

G. Full Name, Mailing Address and ZIP Code

J. Everett Lewis
2523 Pine Ridge Drive
Tallahassee, FL 32308

Name of Employer

FL Financial Property

Date (month, day, year)

12/11/90

Amount of Each Receipt this Period

350.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

president

Aggregate Year-to-Date > \$

350.00

SUBTOTAL of Receipts This Page (include all)

TOTAL for Period (this page and the number only)

MODULE A

STANDARD FORM NO. 100

LEADS

75

FEDERAL BUREAU OF INVESTIGATION
118

Information reported on this form is for the purpose of identifying and locating persons who are or may be involved in the commission of a crime, and who are or may be involved in the commission of a crime, and who are or may be involved in the commission of a crime.

Name of Reporting Person

RECEIPTS OF CHARLES HUGH

A. Full Name, Mailing Address and ZIP Code

Carl E. Latta, M.D.
3411 E. Hallman
Daytona Beach, FL 32018

Name of Employer

self-employed

Date Received
day, month, year

8/04/91

Amount of Cash
Received this Period

400.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

self-employed

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Douglas E. Thompson, Jr.
3416 S.W. 23rd Street
Gainesville, FL 32608

Name of Employer

Hooty Firms Assoc.

Date Received
day, month, year

9/05/91

Amount of Cash
Received this Period

330.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

C.D.A.

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

M. J. Rich
3425 Club House Rd.
Ft. Myers, FL 33903

Name of Employer

n/a

Date Received
day, month, year

10/30/91

Amount of Cash
Received this Period

250.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

Chalit Cherswechai, M.D.
2438 E. Commercial Blvd.
Ft. Lauderdale, FL 33308
\$300 refunded 1/28/92

Name of Employer

Cardio Surgery Assoc.

Date Received
day, month, year

11/25/91

Amount of Cash
Received this Period

500.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

physician

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Paul W. Sullivan
2451 Brickell Avenue, #5K
Miami, FL 33129

Name of Employer

information requested

Date Received
day, month, year

11/04/91

Amount of Cash
Received this Period

1,000.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Virginia L. Pittman
2454 Kings Lake Blvd.
Naples, FL 33962

Name of Employer

Defense Research, Inc

Date Received
day, month, year

11/30/91

Amount of Cash
Received this Period

50.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

secretary/treasurer

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Matthew W. Sullivan
2458 Soon Circle, Apt. 129
Orlando, FL 32817

Name of Employer

n/a

Date Received
day, month, year

11/04/91

Amount of Cash
Received this Period

1,000.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

student

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with this number only)

940300943592793

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule
 for each category of item
 Date and Signature Page

24

11A

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 C. D. Hawkins
 240 Seaview Court, #511
 Marco Island, FL 33937

Name of Employer

n/a

Date (month, day, year)

12/16/92

Amount of Each Receipt this Period

100.00

Occupation

retired

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

402.00

B. Full Name, Mailing Address and ZIP Code

 Carl W. Lentz, M.D.
 2411 N. Halifax
 Daytona Beach, FL 32018
 \$100 refund 1/22/93

Name of Employer

self-employed

Date (month, day, year)

7/09/92

Amount of Each Receipt this Period

400.00

Occupation

ophthalmologist

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

 Douglas H. Thompson, Jr.
 2416 S.W. 23rd Street
 Gainesville, FL 32605

Name of Employer

Acting Firms Assoc.

Date (month, day, year)

8/10/92

Amount of Each Receipt this Period

330.00

Occupation

C.P.A.

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

 Douglas H. Thompson, Jr.
 2416 S.W. 23rd Street
 Gainesville, FL 32605

Name of Employer

Acting Firms Assoc.

Date (month, day, year)

8/19/92

Amount of Each Receipt this Period

(320.00)
redesignated

Occupation

C.P.A.

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

 Douglas H. Thompson, Jr.
 2416 S.W. 23rd Street
 Gainesville, FL 32605

Name of Employer

Acting Firms Assoc.

Date (month, day, year)

8/19/92

Amount of Each Receipt this Period

320.00
redesignated

Occupation

C.P.A.

 Receipt For ☐ Primary ☒ General
☐ Other (specify)

Aggregate Year to Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

 M. Clayton Hollis, Jr.
 2429 Hollingsworth Hill
 Lakeland, FL 33803

Name of Employer

Publix Supermarkets

Date (month, day, year)

7/16/92

Amount of Each Receipt this Period

500.00

Occupation

supermarketing

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

 Daniel M. Harrel
 243 W. Park Avenue
 Winter Park, FL 32789

Name of Employer

information requested

Date (month, day, year)

8/14/92

Amount of Each Receipt this Period

500.00

Occupation

attorney

 Receipt For ☒ Primary ☐ General
☐ Other (specify)

Aggregate Year to Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

003651 0063100264 400870393

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$300.00

94030975255
9930001193

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 2 8
FOR LINE 20aAny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions
purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Carl W. Lentz, II, M.D. 2411 N. Halifax Daytona Beach, FL 32018	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 375.00
B. Full Name, Mailing Address and ZIP Code Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 340.00
C. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 100.00
D. Full Name, Mailing Address and ZIP Code John W. Schmitz 3750 NW 87th Ave., #600 Miami, FL 33178	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 25.00
E. Full Name, Mailing Address and ZIP Code Steven L. Scott 508 N. Rainbow Drive Hollywood, FL 33021	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 200.00
F. Full Name, Mailing Address and ZIP Code Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 525.00
G. Full Name, Mailing Address and ZIP Code Rudy E. Small 6607 Ridgewood Drive Naples, FL 33963	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 100.00
H. Full Name, Mailing Address and ZIP Code Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 250.00
I. Full Name, Mailing Address and ZIP Code George M. Steinbrenner, III 2502 Rocky Point Road Tampa, FL 33607	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month day, year) 1/22/93	Amount of Disbursement 800.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

74030975256

SCHEDULE A

ITEMIZED RECEIPTS

Use space
for each category of the
Detailed Summary Page175 | 332
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752579

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 23 OF 45
FOR LINE NUMBER 118

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 TO FILE

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Irene C. Jones
5234 Sea Shell Ave.
Naples, FL 33940

Name of Employer

N/A

Date (month, day, year)

2/20/91

Amount of Contribution (This Period)

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

250.00

B. Full Name, Mailing Address and ZIP Code

Jerome B. Hiner
53 Greens Road
Hollywood, FL 33021

Name of Employer

N/A

Date (month, day, year)

3/04/91

Amount of Contribution (This Period)

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

500.00

C. Full Name, Mailing Address and ZIP Code

Peter W. Busch
5300 Glades Outfitt Road
Ft. Pierce, FL 34981

Name of Employer

Southern Eagle Dist.

Date (month, day, year)

2/05/91

Amount of Contribution (This Period)

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

president

Aggregate Year to Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Name of Employer

N/A

Date (month, day, year)

2/11/91

Amount of Contribution (This Period)

100.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

100.00

E. Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Name of Employer

N/A

Date (month, day, year)

4/08/91

Amount of Contribution (This Period)

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

Chester R. Jones
53150 Country Road
Palm Beach, FL 33480

Name of Employer

N/A

Date (month, day, year)

3/04/91

Amount of Contribution (This Period)

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Howard H. Jackson
5412 Lykes Lane
Tampa, FL 33611

Name of Employer

Publix Supermarkets

Date (month, day, year)

1/04/91

Amount of Contribution (This Period)

600.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

Executive

Aggregate Year to Date \$

600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 46 OF 75
FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Carol Jenkins Barnett
531 Lone Palm Drive
Lakeland, FL 33801

Name of Employer

n/a

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

housewife

Aggregate Year-to-Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

Hoyt R. Barnett
531 Lone Palm Drive
Lakeland, FL 33801

Name of Employer

Publix

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

vice-president

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Name of Employer

n/a

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

100.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

600.00

D. Full Name, Mailing Address and ZIP Code

Tom L. Rankin
5324 Interbay Blvd.
Tampa, FL 33611

Name of Employer

Lykes Brothers, Inc.

Date (month,
day, year)

10/08/91

Amount of Each
Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date \$

250.00

E. Full Name, Mailing Address and ZIP Code

Michael A. Szczeny, M.D.
5333 N. Dixie Highway, Suite 205
Ft. Lauderdale, FL 33334

Name of Employer

self-employed

Date (month,
day, year)

11/25/91

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

Kenneth W. Litman
5355 Town Center Road, Suite 801
Boca Raton, FL 33486

Name of Employer

Siegal & Lipman

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Harvey L. Massey
536 Estates Place
Longwood, FL 32779

Name of Employer

Massey Services, Inc.

Date (month,
day, year)

8/05/91

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

OWNER

Aggregate Year-to-Date \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975259

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 62 110
FORM LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Judy Manley
5307-B Shirley Street
Naples, FL 33942Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Manley Farms

Date (month,
day, year)

1/27/92

Amount of Each
Receipt this Period

250.00

Occupation

farmer

Aggregate Year-to-Date \$

350.00

B. Full Name, Mailing Address and ZIP Code

John J. Morrison
531 Indian Harbor Road
Vero Beach, FL 32963Receipt For ☐ Primary ☒ General
Other (specify):

Name of Employer

self-employed

Date (month,
day, year)

3/05/92

Amount of Each
Receipt this Period

400.00

Occupation

citrus

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

Carol Jenkins Barnett
531 Lone Palm Drive
Lakeland, FL 33801Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month,
day, year)

6/16/92

Amount of Each
Receipt this Period

500.00

Occupation

housewife

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Hoyt R. Barnett
531 Lone Palm Drive
Lakeland, FL 33801Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Publix

Date (month,
day, year)

6/23/92

Amount of Each
Receipt this Period

330.00

Occupation

vice-president

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Hoyt R. Barnett
531 Lone Palm Drive
Lakeland, FL 33801Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Publix

Date (month,
day, year)

6/26/92

Amount of Each
Receipt this Period(320.00)
redesignated

Occupation

vice-president

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

Hoyt R. Barnett
531 Lone Palm Drive
Lakeland, FL 33801Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

Publix

Date (month,
day, year)

6/26/92

Amount of Each
Receipt this Period320.00
redesignated

Occupation

vice-president

Aggregate Year-to-Date \$

330.00

G. Full Name, Mailing Address and ZIP Code

Ralph C. LaRue
531 Palm Way
Gulfstream, FL 33483
\$250 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 7 1

Attachment # 47D

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
P. O. BOX 1838
TAMPA, FLORIDA 33601-1838

3380

July 27, 1992

88-26/131

PAY TO THE
ORDER OF

Ralph C. Leslie

250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDA

First Florida Bank, S.A.
Bank Branch Office 800
601 West Park Blvd.
Tampa, Florida 33606



#003380# 10631002641 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

94030975261

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page
 PA-1 7 9
 LINE NUMBER
 20a

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 NACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy S. Muller 565 Keenan Ave. Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
B. Full Name, Mailing Address and ZIP Code Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
D. Full Name, Mailing Address and ZIP Code Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33803	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code Robert J. Bruck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
I. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasege Drive Delrey Beach, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use space
for each category of the
Detailed Summary Page175 | 332
FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752639

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 47G

Use only for each category of the Detailed Summary Page

176 331
FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ralph C. Leslie
531 Palm Way
Gulfstream, FL 33483

Name of Employer

n/a

Date (month, day, year)

5/05/93

Amount of Each Receipt this Period

600.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Steven G. Lester
1246 Alabama Drive
Winter Park, FL 32789

Name of Employer

CFROG

Date (month, day, year)

2/08/93

Amount of Each Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Steven G. Lester
1140 Tom Gurney Drive
Winter Park, FL 32789

Name of Employer

information requested

Date (month, day, year)

6/28/93

Amount of Each Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Joseph T. Lettelleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

5/19/93

Amount of Each Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date > \$

580.00

E. Full Name, Mailing Address and ZIP Code

Joseph T. Lettelleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

5/24/93

Amount of Each Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date > \$

580.00

F. Full Name, Mailing Address and ZIP Code

Joseph T. Lettelleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

6/07/93

Amount of Each Receipt this Period

(570.00)
redesignated

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date > \$

580.00

G. Full Name, Mailing Address and ZIP Code

Joseph T. Lettelleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

6/07/93

Amount of Each Receipt this Period

570.00
redesignated

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

real estate

Aggregate Year-to-Date > \$

580.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309752640070600

Do not check this box unless you are filing a copy of the original Schedule Page

Page 37 of 51
FOR LINE 11a

Do not check this box unless you are filing a copy of the original Schedule Page for the purpose of reporting contributions or for purposes of reporting other information

NAME OF CONTRIBUTOR

<p>A. Full Name, Mailing Address and ZIP Code Robert S. Liebenfeld, M.D. 60 Inla Bahia Dr. Ft. Lauderdale, FL 33306</p>	<p>Name of Employer self-employed</p>	<p>Date (month, day, year) 3/09/90</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date 400.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Robert T. Sutton 617 E. Washington Street Tampa, FL 33606</p>	<p>Name of Employer Media General</p>	<p>Date (month, day, year) 5/30/90</p>	<p>Amount of Each Receipt this Period 330.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation president and CEO</p>	<p>Aggregate Year-to-Date 330.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Gregory D. Thomas 621 S. Willow Avenue Tampa, FL 33606</p>	<p>Name of Employer Holland and Knight</p>	<p>Date (month, day, year) 2/14/90</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation attorney</p>	<p>Aggregate Year-to-Date 400.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Mills L. Mills 630 Ninth Street, North St. Petersburg, FL 33708</p>	<p>Name of Employer Mills-Anderson Opt.</p>	<p>Date (month, day, year) 4/03/90</p>	<p>Amount of Each Receipt this Period 330.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation optician</p>	<p>Aggregate Year-to-Date 330.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Mark Truitt 6600 Delmar Lane Shoreline Mission, MS 38657</p>	<p>Name of Employer Netl Seminars, Inc.</p>	<p>Date (month, day, year) 6/19/90</p>	<p>Amount of Each Receipt this Period 375.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation education</p>	<p>Aggregate Year-to-Date 375.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Mark C. Sarason 6647 Brydine Road, Suite 303 Jacksonville, FL 32216</p>	<p>Name of Employer Trademark USA, Inc.</p>	<p>Date (month, day, year) 2/12/90</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation executive</p>	<p>Aggregate Year-to-Date 400.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Jim Haddock 6801 Indrio Road Ft. Pierce, FL 34951</p>	<p>Name of Employer self-employed</p>	<p>Date (month, day, year) 1/31/90</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:</p>	<p>Occupation clerk</p>	<p>Aggregate Year-to-Date 400.00</p>	

SUBTOTAL of Receipts This Page (Section 5)

TOTAL This Period (Sum page 48a line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

118

All information reported from such Receipts and Statements may not be sold or used by any person for the purpose of soliciting contributions for or on behalf of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Jack B. Heslan, Jr.
75 Sea Marsh Road
Amelia Island, FL 32034

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Amelia Island Plant.

Date (month/
day/year)

4/22/91

Amount of Cash
Received This Period

400.00

Occupation

general manager

Aggregate Year-to-Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

Eveline B. Bilek
751 Buck Lane Road
Tallahassee, FL 32301

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month/
day/year)

3/21/91

Amount of Cash
Received This Period

500.00

Occupation

information requested

Aggregate Year-to-Date \$

500.00

C. Full Name, Mailing Address and ZIP Code

Rod M. Brin
7675 Buck Lake Road
Tallahassee, FL 32301

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month/
day/year)

1/31/91

Amount of Cash
Received This Period

330.00

Occupation

retired

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Leo A. Vacallio, Jr.
771 Village Road
North Palm Beach, FL 33408

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Ranger Construction

Date (month/
day/year)

5/20/91

Amount of Cash
Received This Period

500.00

Occupation

executive

Aggregate Year-to-Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

Walter Loebenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month/
day/year)

1/30/91

Amount of Cash
Received This Period

330.00

Occupation

retired

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

Joseph L. Noble
790 Andrews Ave., #H302
Delray Beach, FL 33483

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month/
day/year)

5/03/91

Amount of Cash
Received This Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Robert S. Liebowitz, M.D.
80 Isla Bahia Dr.
Pt. Lauderdale, FL 33316

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month/
day/year)

4/15/91

Amount of Cash
Received This Period

500.00

Occupation

physician

Aggregate Year-to-Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page
PA 79 110
118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	4/28/92	110.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Investment banker	Aggregate Year-to-Date \$ 330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Liebeskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316 \$300 refunded 7/27/92	self-employed	4/20/92	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	physician	Aggregate Year-to-Date \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	Contemporary Cars	1/23/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	auto dealer	Aggregate Year-to-Date \$ 430.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851 \$423 refunded 7/27/92	Contemporary Cars	6/12/92	180.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	auto dealer	Aggregate Year-to-Date \$ 430.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William H. Palm 800 S. Orlando Avenue Maitland, FL 32751	Glace & Radcliffe	1/21/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	engineer	Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Homer H. Humphries, Jr. 801 Blackstone Blvd. Jacksonville, FL 32202	self-employed	5/26/92	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	attorney	Aggregate Year-to-Date \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice W. Cornell 801 Laurel Oak Drive, Suite 620 Naples, FL 33963	n/a	2/26/92	300.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	retired	Aggregate Year-to-Date \$ 990.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 7 2

Attachment # 48D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836
TAMPA, FLORIDA 33601-1836

3381

July 27, 1992

60-10/531

PAY TO THE
ORDER OF

Robert S. Liebeskind, M.D.

\$ 300.00

THREE HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank of America
601 West Main Street
Tampa, Florida 33602

#003381# ⑆063100264⑆ 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF DEBTS TO THE ABOVE
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT REQUIRED

DELUXE - FORM BYCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$ 300.00

9,4,0,3,0,8,7,5,2,6,8

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 7 9
LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ralph C. Leslie 531 Palm Way Gulfstream, FL 33483	contribution * and Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert S. Liebaskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert E. Langford P. O. Box 970 Winter Park, FL 32789	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert J. Bruck, M.D. 25 Falconwood Court Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

OMB No. 1545-0047
 For each receipt, enter:
 Donor's Summary Page 42
 Filing Date 11a

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Anne Varhol Ginsburg
 7672 Estrella Circle
 Boca Raton, FL 33433

Receipt For

Primary

☒ General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

4/14/89

Amount of Each Receipt this Period

1,000.00

Occupation

information requested

Aggregate Year-to-Date \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Leo A. Vecellio, Jr.
 771 Village Road
 North Palm Beach, FL 33408

Receipt For

☒ Primary☐ General

Other (specify)

Name of Employer

Ranger Construction

Date (month, day, year)

2/23/89

Amount of Each Receipt this Period

250.00

Occupation

executive

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Walter Loebenberg
 7834 9th Avenue, S.
 St. Petersburg, FL 33707

Receipt For

☒ Primary☐ General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

4/19/89

Amount of Each Receipt this Period

330.00

Occupation

information requested

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

J. Charles Sawyer
 7916 Quailwood Drive
 Jacksonville, FL 32256

Receipt For

☒ Primary☐ General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

4/27/89

Amount of Each Receipt this Period

1,000.00

Occupation

information requested

Aggregate Year-to-Date \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Thomas A. James
 7977 9th Avenue, South
 St. Petersburg, FL 33707

Receipt For

☒ Primary☐ General

Other (specify)

Name of Employer

Raymond James

Date (month, day, year)

4/18/89

Amount of Each Receipt this Period

330.00

Occupation

investment banker

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

Ruth D. W. Price
 8 Sunsey Cay, Ocean Reef Club
 Key Largo, FL 33037

Receipt For

Primary

☒ General

Other (specify)

Name of Employer

information requested

Date (month, day, year)

1/03/89

Amount of Each Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Betty L. Noehren
 80 Bay Colony Lane
 Ft. Lauderdale, FL 33308

Receipt For

☒ Primary☐ General

Other (specify)

Name of Employer

n/a

Date (month, day, year)

2/13/89

Amount of Each Receipt this Period

250.00

Occupation

homemaker

Aggregate Year-to-Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page
Page 16
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Martha Pullum
7407 North Shores Drive
Navarre, FL 32561

Name of Employer

n/a

Date (month
day, year)

1/24/90

Amount of Each
Receipt (this Period)

400.00

Receipt For

Primary

General

Other (specify)

Occupation

house

Aggregate Year-to-Date - \$

400.00

B. Full Name, Mailing Address and ZIP Code

James G. Stolhanke
7408 Canale Drive
Pensacola, FL 32504

Name of Employer

Med. Center Clinic

Date (month
day, year)

1/22/90

Amount of Each
Receipt (this Period)

400.00

Receipt For

Primary

General

Other (specify)

Occupation

administrator

Aggregate Year-to-Date - \$

400.00

C. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th Street, North
St. Petersburg, FL 33705
(refund 7/90)

Name of Employer

self-employed

Date (month
day, year)

4/23/90

Amount of Each
Receipt (this Period)

350.00

Receipt For

Primary

General

Other (specify)

Occupation

physician

Aggregate Year-to-Date - \$

700.00

D. Full Name, Mailing Address and ZIP Code

R. Huston Babcock, M.D.
741 12th Street, North
St. Petersburg, FL 33705

Name of Employer

self-employed

Date (month
day, year)

6/22/90

Amount of Each
Receipt (this Period)

350.00

Receipt For

Primary

General

Other (specify)

Occupation

physician

Aggregate Year-to-Date - \$

700.00

E. Full Name, Mailing Address and ZIP Code

Jack B. Healan, Jr.
75 Sea Marsh Road
Amelia Island, FL 32034

Name of Employer

Amelia Island Plant.

Date (month
day, year)

3/01/90

Amount of Each
Receipt (this Period)

400.00

Receipt For

Primary

General

Other (specify)

Occupation

general manager

Aggregate Year-to-Date - \$

400.00

F. Full Name, Mailing Address and ZIP Code

Walter Loeberberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Name of Employer

n/a

Date (month
day, year)

4/03/90

Amount of Each
Receipt (this Period)

330.00

Receipt For

Primary

General

Other (specify)

Occupation

retired

Aggregate Year-to-Date - \$

330.00

G. Full Name, Mailing Address and ZIP Code

Jack N. Cooper
7987 Hunters Grove Road
Jacksonville, FL 32216

Name of Employer

CFX Corporation

Date (month
day, year)

2/12/90

Amount of Each
Receipt (this Period)

400.00

Receipt For

Primary

General

Other (specify)

Occupation

president

Aggregate Year-to-Date - \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use this section for each receipt.
 Designated Summary Page 11a

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jack B. Healan, Jr. 75 Sea Marsh Road Amelia Island, FL 32034	Amelia Island Plant.	4/22/91	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation general manager	Aggregate Year to Date \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eveline B. Bilek 751 Buck Lane Road Tallahassee, FL 32301	information requested	3/21/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested	Aggregate Year to Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rod M. Brim 7675 Buck Lake Road Tallahassee, FL 32301	n/a	1/31/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 330.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leo A. Vecellio, Jr. 771 Village Road North Palm Beach, FL 33408	Ranger Construction	5/20/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation executive	Aggregate Year to Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter Loeberberg 7834 9th Avenue, S. St. Petersburg, FL 33707	n/a	1/30/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph L. Noble 790 Andrews Ave., #H302 Delray Beach, FL 33483	n/a	5/03/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert S. Lieberman, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316	self-employed	4/15/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation physician	Aggregate Year to Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Deduction Summary Page

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54 75
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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John B. Hollinsworth 766 Cape View Drive Ft. Myers, FL 33919	information requested	11/04/91	100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	n/a	7/25/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707 \$240 refunded 1/28/92	n/a	10/11/91	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. R. Kirkland 7901 Cindy Lane Bethesda, MD 20817	information requested	11/01/91	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James L. Main 7968 Quailwood Drive Jacksonville, FL 32216	Kirschner, Main et al	11/05/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation lawyer		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas A. James 7977 9th Avenue, Soth St. Petersburg, FL 33707	Raymond James	7/19/91	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation investment banker		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter J. Spillis 800 Douglas Entrance Coral Gables, FL 33134	Spillis, Candela et al	11/12/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation architect		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate columns for each category of the Detailed Summary Page 1 2
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

100.00

B Full Name, Mailing Address and ZIP Code

Amy S. Austin
4617 San Miguel
Tampa, FL 33629

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

100.00

C Full Name, Mailing Address and ZIP Code

Marsha S. Blanton
P. O. Box 3256
Pensacola, FL 32516

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

100.00

D Full Name, Mailing Address and ZIP Code

Chalit Chearvechai, M.D.
2438 E. Commercial Blvd.
Ft. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

100.00

E Full Name, Mailing Address and ZIP Code

District 2 NEBA-NMD Fund
635 Fourth Avenue
Brooklyn, NY 11232

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

2,000.00

F Full Name, Mailing Address and ZIP Code

Y. E. Hall, Jr.
P. O. Box 18247
Jacksonville, FL 32229

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

800.00

G Full Name, Mailing Address and ZIP Code

Walter Loebenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

240.00

H Full Name, Mailing Address and ZIP Code

James Elliott Messer
P. O. Box 1876
Tallahassee, FL 32302

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

90.00

I Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
One Beach Drive, S.E., #2611
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify):

1/28/92

10.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3652

January 22 1993

65-26831

PAY TO THE ORDER OF Walter Loebenberg

\$ 340.00

THREE HUNDRED FORTY AND NO/100 ----- DOLLARS

**FIRST
FLORIDA** FIRST FLORIDA BANK, N.A.
Hydrex Park Office 000
601 West Platt Street
Tampa, Florida 33606

#003652# 1:0631002641: 400870393#

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

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$340.00

9 9 4 4 0 3 0 9 7 5 2 7 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 8
\$ (000,000) 20aAny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions
purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Carl W. Lentz, II, M.D.
2411 N. Halifax
Daytona Beach, FL 32018

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

Disbursement for Primary General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

Walter Loebenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

340.00

Disbursement for Primary General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

100.00

Disbursement for Primary General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

John W. Schmitz
3750 NW 87th Ave., #600
Miami, FL 33178

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

25.00

Disbursement for Primary General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

Steven L. Scott
508 N. Rainbow Drive
Hollywood, FL 33021

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

200.00

Disbursement for Primary General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Peter M. Sidell
6918 Old Whiskey Creek Dr.
Ft. Myers, FL 33919

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

525.00

Disbursement for Primary General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Drive
Naples, FL 33963

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

100.00

Disbursement for Primary General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

250.00

Disbursement for Primary General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

George M. Steinbrenner, III
2502 Rocky Point Road
Tampa, FL 33607

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Disbursement

800.00

Disbursement for Primary General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate contribution
for each category of the
Detailed Summary Page179 331
FOR LINE NUMBER
118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Bernard Little, Sr.
P.O. Box 1128
Eston Park, FL 33842

Name of Employer

self-employed

Date (month,
day, year)

3/22/93

Amount of Each
Receipt this Period320.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

Jose-Antonio Llane
4705 Granada Blvd.
Coral Gables, FL 33146

Name of Employer

information requested

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Leonard F. Llewellyn
376 Leather Fern Lane
Marco Island, FL 33937

Name of Employer

self-employed

Date (month,
day, year)

2/16/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

real estate

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Leonard F. Llewellyn
376 Leather Fern Lane
Marco Island, FL 33937

Name of Employer

self-employed

Date (month,
day, year)

4/03/93

Amount of Each
Receipt this Period(1,000.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

real estate

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Leonard F. Llewellyn
376 Leather Fern Lane
Marco Island, FL 33937

Name of Employer

self-employed

Date (month,
day, year)

4/03/93

Amount of Each
Receipt this Period1,000.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

real estate

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Dorothy T. Lloyd
2626 Norfolk Road
Orlando, FL 32803

Name of Employer

information requested

Date (month,
day, year)

6/29/93

Amount of Each
Receipt this Period

250.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Walter Loebenber
7834 9th Avenue, S.
St. Petersburg, FL 33707

Name of Employer

n/a

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

160.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Up enter
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

240330870708

See separate instructions
to each category of the
Reported Summary Page

PAGE 38 OF 52
FOR LINE 11A IN
11A

This document contains information that may not be sold or used by any person for the purpose of making contributions or for commercial purposes that may be used for the purpose of the political campaign to which contributions were made.

STATE OF FLORIDA OFFICE OF COMPTROLLER

1. Full Name, Mailing Address and ZIP Code
Doris E. Hestick
10000 Court, S.E.
Water Haven, FL 33080

Name of Employer
Information requested

Date (month, day, year)
4/02/90

Amount of Each
Receipt this Period
330.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
Information requested
Aggregate Year-to-Date > 8 330.00

2. Full Name, Mailing Address and ZIP Code
Roger H. O'Steen
9000 Cypress Green Drive
Jacksonville, FL 32286

Name of Employer
Stokes Fidelity Group

Date (month, day, year)
4/18/90

Amount of Each
Receipt this Period
400.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
real estate
Aggregate Year-to-Date > 8 400.00

3. Full Name, Mailing Address and ZIP Code
H. Wayne Haisenga
900 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

Name of Employer
Haisenga Holdings

Date (month, day, year)
1/06/90

Amount of Each
Receipt this Period
800.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
executive
Aggregate Year-to-Date > 8 750.00

4. Full Name, Mailing Address and ZIP Code
Wilson C. Loomis
910 South Ocean Blvd.
Palm Beach, FL 33480

Name of Employer
Information requested

Date (month, day, year)
6/18/90

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
Information requested
Aggregate Year-to-Date > 8 250.00

5. Full Name, Mailing Address and ZIP Code
Frederick W. Guarnaschelli
915 Middle River Drive
Ft. Lauderdale, FL 33304

Name of Employer
self-employed

Date (month, day, year)
2/07/90

Amount of Each
Receipt this Period
400.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
real estate developer
Aggregate Year-to-Date > 8 400.00

6. Full Name, Mailing Address and ZIP Code
John C. Griffin
921 Wildwood Lane
Naples, FL 33942

Name of Employer
n/a

Date (month, day, year)
4/10/90

Amount of Each
Receipt this Period
330.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
retired
Aggregate Year-to-Date > 8 330.00

7. Full Name, Mailing Address and ZIP Code
John C. Griffin
921 Wildwood Lane
Naples, FL 33942

Name of Employer
n/a

Date (month, day, year)
4/19/90

Amount of Each
Receipt this Period
50.00

Receipt For: ☒ Salary ☐ Bonus
☐ Other (specify):

Occupation
retired
Aggregate Year-to-Date > 8 380.00

SUBTOTAL of Receipts This Page (page 38)

TOTAL This Period (all page 38s the number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 32 110
FROM LINE NUMBER 118

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thornton D. Hooper, Jr. 25188 Marion Avenue, E-308 Punta Gorda, FL 33950	n/a	4/20/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year to Date \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clarence V. McKee 2525-A Bayshore Blvd. Tampa, FL 33629	Channel 13-WTSP	5/28/92	100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation television executive	Aggregate Year to Date \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veena Rattan 26 Adalia Avenue Tampa, FL 33606	information requested	6/22/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilson C. Luccom 260 N. Ocean Blvd. Palm Beach, FL 33480 \$250 refunded 7/27/92	information requested	3/09/92	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Cook 261 Second Avenue, N., #302 Naples, FL 33940	self-employed	1/23/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation physician	Aggregate Year to Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine M. Sandifer 2615 Forest Point Court Jacksonville, FL 32217	n/a	6/12/92	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation housewife	Aggregate Year to Date \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard E. Sommer 263 Chestnut Street Winnetka, IL 60093	information requested	4/10/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 7 4

Attachment # 50C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

3383

July 27, 1992

08-25/92

PAY TO THE
ORDER OF

Wilson C. Lucom

\$ 250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, F.A.
State Bank (SBA) - 003
201 West Palm Street
Tampa, Florida 33602

⑆003383⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS A PAYMENT OF THE DEBITED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO REFUND DESIRED

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$ 250.00

9 4 0 3 0 9 7 5 2 8 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 9

FORM LINE NUMBER 20a

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William P. Harris 4961 Joswood Drive Sanibel, FL 33957	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 650.00
B. Full Name, Mailing Address and ZIP Code William R. Hough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 323.00
C. Full Name, Mailing Address and ZIP Code William A. Hart P. O. Box 6068 Pensacola, FL 32503	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code William J. Kieckhefer 3600 Run Row Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
E. Full Name, Mailing Address and ZIP Code Wilson C. Lucan 260 N. Ocean Blvd. Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code W. S. Bedcock, Jr. P. O. Box 497 Mulberry, FL 33803	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 240.00
G. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for Primary General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22,346.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 23 OF 51
FOR LINE NUMBER 11A

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code John N. Hamilton, M.D. 424 Beach Dr. N.E. St. Petersburg, FL 33701	Name of Employer self-employed	Date (month, day, year) 5/18/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 330.00	
B. Full Name, Mailing Address and ZIP Code Laris A. Doman 4300 W. Francisco, #19 Pensacola, FL 32504	Name of Employer Citizens & Peoples	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation banker	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code W. Jean Ambrose 4301 Gulf Shore Blvd., N. Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 3/12/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation none	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Kathleen B. Sherwin 4303 Outclass Lane Naples, FL 33940	Name of Employer n/a	Date (month, day, year) 6/26/90	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation homemaker	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Lucy B. Jensen 4335 Whitney Street Jacksonville, FL 32211	Name of Employer Jensen of Jax, Inc.	Date (month, day, year) 2/21/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation constructor	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Karen Margulies 4350 1 st Year Street Hollywood, FL 33021	Name of Employer n/a	Date (month, day, year) 2/09/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Roger Mackinnon 4380 Gulf Shore Blvd., N., #806 Naples, FL 33940	Name of Employer information requested	Date (month, day, year) 6/15/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

90020141754

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePA 11
53 11
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger MacBride 4380 Gulf Shore Blvd., N., #806 Naples, FL 33940	self-employed	1/17/92	150.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation attorney/writer	Aggregate Year to Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger MacBride 4380 Gulf Shore Blvd., N., #806 Naples, FL 33940 \$300 refunded 7/27/92	self-employed	2/21/92	150.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation attorney/writer	Aggregate Year to Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Scott Mueller 4401 Gulf Shore Blvd., N., #1201 Naples, FL 33940 \$250 refunded 7/27/92	Ralleum, Inc.	1/17/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation president	Aggregate Year to Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. G. Peeler 442 Webb's Cove Osprey, FL 34229	information requested	2/12/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation information requested	Aggregate Year to Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredric W. Pullen, II, M.D. 4444 Island Road Miami, FL 33137	information requested	1/23/92	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation surgeon	Aggregate Year to Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James K. Campbell 450 S. Ocean Blvd., Villa 305B Manalapan, FL 33462	n/a	2/06/92	100.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation retired	Aggregate Year to Date \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James K. Campbell 450 S. Ocean Blvd., Villa 305B Manalapan, FL 33462	n/a	5/08/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation retired	Aggregate Year to Date \$ 350.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 3 1 7 6

Attachment # 51C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1835

TAMPA, FLORIDA 33601-1835

3385

July 27, 1992

89-28/331

PAY TO THE
ORDER OF

Roger MacBride

\$ 300.00

THREE HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, S.A.
Member FDIC
200 N. Pine St., Suite 100
Tampa, Florida 33602



⑆003385⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DYC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$300.00

2,403,097.52,855

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 9
FOR LINE NUMBER 208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Scott F. Lutzgart 4200 Gulfshore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Shella M. McDewitt 3211 Swann Avenue, #201 Tampa, FL 33609	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #6B Jacksonville FL 32204	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossell 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code William b. Griffin P. O. Box 1998 Sarasota, FL 34230	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 380.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

PAGE 30 OF 45
FOR LINE CHANGE IN
110

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lacy B. Jensen 4335 Whitney Street Jacksonville, FL 32211	Jensen of Jax, Inc.	2/15/91	400.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>Accountant</u>		
	Aggregate Year-to-Date > \$	400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley H. Loomis, III 434 Meadow Lark Dr. Sarasota, FL 34236	n/a	2/21/91	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>retired</u>		
	Aggregate Year-to-Date > \$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger MacBride 4380 Gulf Shore Blvd., N., #806 Naples, FL 33940	information requested	3/01/91	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>information requested</u>		
	Aggregate Year-to-Date > \$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Scott Maller 4401 Gulf Shore Blvd., N., #1201 Naples, FL 33940	Ralleum, Inc.	3/12/91	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>president</u>		
	Aggregate Year-to-Date > \$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F. Major 4501 E. Columbus Avenue Tampa, FL 33605 \$190 refund 7/22/91	WFTS-TV	2/11/91	330.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>general manager</u>		
	Aggregate Year-to-Date > \$	330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Edward L. Steinberg 454 W. Park Avenue Long Beach, NY 11561	Thompson Medical Co.	3/01/91	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>optometrist</u>		
	Aggregate Year-to-Date > \$	100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Edward L. Steinberg 454 W. Park Avenue Long Beach, NY 11561	Thompson Medical Co.	6/18/91	200.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: <u>optometrist</u>		
	Aggregate Year-to-Date > \$	200.00	

SUSTOVAL of Random This Page (continued)

TOTAL This Period Rate paid (See line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information taken from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for making a purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

J. A. Ginn, Jr.
417 St. John's Avenue
Palatka, FL 32077

Name of Employer

Self-employed

Date (month, day, year)

11/30/89

Occupation

Int. position requested

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

430.00

B Full Name, Mailing Address and ZIP Code

Wendel F. Kent
4173 Shell Rd.
Sarasota, FL 34242

Name of Employer

Availability Aggregate

Date (month, day, year)

10/12/89

Amount of Each Receipt this Period

1,000.00

Occupation

Heavy construction

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

1,000.00

C Full Name, Mailing Address and ZIP Code

William H. Reynolds, Jr.
433 Keenan Ave.
Ft. Myers, FL 33901

Name of Employer

Self-employed

Date (month, day, year)

12/14/89

Amount of Each Receipt this Period

1,000.00

Occupation

Real estate

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

1,000.00

D Full Name, Mailing Address and ZIP Code

Mildred E. Lunt
435 S. Gulfstream Avenue, #605
Sarasota, FL 34236
(\$100 refunded 1/26/90)

Name of Employer

n/a

Date (month, day, year)

12/12/89

Amount of Each Receipt this Period

1,000.00

Occupation

handmaker

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

1,100.00

E Full Name, Mailing Address and ZIP Code

John Scott Mueller
4101 Gulf Shore Blvd., N., #1201
Naples, FL 33940

Name of Employer

Pelleum, Inc.

Date (month, day, year)

12/20/89

Amount of Each Receipt this Period

1,000.00

Occupation

president

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

1,000.00

F Full Name, Mailing Address and ZIP Code

Susan J. Dubin
4403 W. Estrella Street
Tampa, FL 33629

Name of Employer

n/a

Date (month, day, year)

8/23/89

Amount of Each Receipt this Period

330.00

Occupation

investor

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

330.00

G Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

Self-employed

Date (month, day, year)

8/28/89

Amount of Each Receipt this Period

330.00

Occupation

general manager

Receipt For

Other (specify)

X-Primary

General

Aggregate Year to Date

\$

830.00

H TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePage 24 of 51
Form 11a

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 similar 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 RACK

A. Full Name, Mailing Address and ZIP Code

Froese Sonderling
4403 Pine Tree Drive
Miami Beach, FL 33140

Name of Employer

n/a

Date (month,
day, year)

6/22/90

Amount of Each
Receipt this Period

250.00

Receipt For
Other (specify)

Primary

General

Occupation

retired

Aggregate Year-to-Date \$

250.00

B. Full Name, Mailing Address and ZIP Code

Herbert D. Ratz
4500 Lincoln Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

2/16/90

Amount of Each
Receipt this Period

400.00

Receipt For
Other (specify)

Primary

General

Occupation

investor

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

WFTS-TV

Date (month,
day, year)

4/27/90

Amount of Each
Receipt this Period

330.00

Receipt For
Other (specify)

Primary

General

Occupation

general manager

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Elyse K. DePiro
4587 Chippendale Drive
Naples, FL 33962

Name of Employer

John Wood & Assoc.

Date (month,
day, year)

3/19/90

Amount of Each
Receipt this Period

500.00

Receipt For
Other (specify)

Primary

General

Occupation

real estate

Aggregate Year-to-Date \$

750.00

E. Full Name, Mailing Address and ZIP Code

William D. Horvitz
4601 Sheridan Street, Suite 400
Hollywood, FL 33021

Name of Employer

Hollywood, Inc.

Date (month,
day, year)

2/22/90

Amount of Each
Receipt this Period

400.00

Receipt For
Other (specify)

Primary

General

Occupation

president

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Alfred S. Austin
4617 San Miguel
Tampa, FL 33629

Name of Employer

The Austin Companies

Date (month,
day, year)

4/20/90

Amount of Each
Receipt this Period

330.00

Receipt For
Other (specify)

Primary

General

Occupation

developer

Aggregate Year-to-Date \$

330.00

G. Full Name, Mailing Address and ZIP Code

J. S. Austin
4617 San Miguel
Tampa, FL 33629

Name of Employer

J. C. MacDonald Ctr

Date (month,
day, year)

4/26/90

Amount of Each
Receipt this Period

330.00

Receipt For
Other (specify)

Primary

General

Occupation

workshop supervisor

Aggregate Year-to-Date \$

330.00

SUB TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 38 OF 48
FOR LINE 20, PAGE 118

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Lucy B. Jensen
4335 Whitney Street
Jacksonville, FL 32211Receipt For: ☐ Other (Specify): ☒ Primary ☐ General

Name of Employer

Jensen of Jax, Inc.

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

400.00

Occupation

bookkeeper

Aggregate Year-to-Date > \$

400.00

B. Full Name, Mailing Address and ZIP Code

Wesley E. Loomis, III
434 Mackin Lark Dr.
Sarasota, FL 34236Receipt For: ☐ Other (Specify): ☒ Primary ☐ General

Name of Employer

N/A

Date (month,
day, year)

2/21/91

Amount of Each
Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Roger MacBride
4380 Gulf Shore Blvd., N., #806
Naples, FL 33940Receipt For: ☐ Other (Specify): ☒ Primary ☐ General

Name of Employer

information requested

Date (month,
day, year)

3/01/91

Amount of Each
Receipt this Period

1,000.00

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

John Scott Mueller
4401 Gulf Shore Blvd., N., #1201
Naples, FL 33940Receipt For: ☐ Other (Specify): ☒ Primary ☐ General

Name of Employer

Ballou, Inc.

Date (month,
day, year)

3/12/91

Amount of Each
Receipt this Period

1,000.00

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605
\$190 refund 7/22/91Receipt For: ☒ Other (Specify): ☐ Primary ☐ General

Name of Employer

WFTS-TV

Date (month,
day, year)

2/11/91

Amount of Each
Receipt this Period

330.00

Occupation

general manager

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Dr. Edward L. Steinberg
454 W. Park Avenue
Long Beach, NY 11561Receipt For: ☒ Other (Specify): ☐ Primary ☐ General

Name of Employer

Thompson Medical Co.

Date (month,
day, year)

3/01/91

Amount of Each
Receipt this Period

100.00

Occupation

optometrist

Aggregate Year-to-Date > \$

100.00

G. Full Name, Mailing Address and ZIP Code

Dr. Edward L. Steinberg
454 W. Park Avenue
Long Beach, NY 11561Receipt For: ☒ Other (Specify): ☐ Primary ☐ General

Name of Employer

Thompson Medical Co.

Date (month,
day, year)

6/18/91

Amount of Each
Receipt this Period

280.00

Occupation

optometrist

Aggregate Year-to-Date > \$

380.00

SUBTOTAL of Receipts This Page (Include)

TOTAL This Period (See page 48 for number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 39 OF 75
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ralph Kaul
4300 W. Westshore Blvd.
Tampa, FL 33611Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

The Kaul Co.

Occupation

builder

Aggregate Year-to-Date \$

Date (month, day, year)

10/17/91

Amount of Each Receipt this Period

500.00

500.00

B. Full Name, Mailing Address and ZIP Code

N. Jean Ambrose
4301 Gulf Shore Blvd., N.
Naples, FL 33940Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Occupation

none

Aggregate Year-to-Date \$

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

1,000.00

1,000.00

C. Full Name, Mailing Address and ZIP Code

F. H. Ellenberger
4333 North Ocean Blvd., Apt. D11
Delray Beach, FL 33483Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month, day, year)

9/30/91

Amount of Each Receipt this Period

250.00

600.00

D. Full Name, Mailing Address and ZIP Code

F. H. Ellenberger
4333 North Ocean Blvd., Apt. D11
Delray Beach, FL 33483Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month, day, year)

11/06/91

Amount of Each Receipt this Period

150.00

600.00

E. Full Name, Mailing Address and ZIP Code

John C. Morris
4350 W. Cypress Street, #250
Tampa, FL 33607Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Occupation

information requested

Aggregate Year-to-Date \$

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

500.00

500.00

F. Full Name, Mailing Address and ZIP Code

Edgardo R. Dos Santos
4360 N.E. 22nd Avenue
Ft. Lauderdale, FL 33308Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Occupation

physician

Aggregate Year-to-Date \$

Date (month, day, year)

11/25/91

Amount of Each Receipt this Period

250.00

250.00

G. Full Name, Mailing Address and ZIP Code

James P. Major
4501 E. Columbus Avenue
Tampa, FL 33605Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

WPIS-TV

Occupation

general manager

Aggregate Year-to-Date \$

Date (month, day, year)

10/18/91

Amount of Each Receipt this Period

500.00

600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAID	OF
185	331
FOR LINE NUMBER	
118	

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Mari G. Mahtani
13907 Walledford Way
Tampa, FL 33624

Name of Employer

Primes, Inc.

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

businessman

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

WFTS-TV

Date (month,
day, year)

2/03/93

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

general manager

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

WFTS-TV

Date (month,
day, year)

3/06/93

Amount of Each
Receipt this Period(330.00)
redesignated

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

general manager

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

WFTS-TV

Date (month,
day, year)

3/06/93

Amount of Each
Receipt this Period330.00
redesignated

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

general manager

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

James F. Major
4501 E. Columbus Avenue
Tampa, FL 33605

Name of Employer

WFTS-TV

Date (month,
day, year)

4/30/93

Amount of Each
Receipt this Period

170.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

general manager

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Christopher K. Malfitano
963 Eve Street
Delray Beach, FL 33483

Name of Employer

information requested

Date (month,
day, year)

1/28/93

Amount of Each
Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Kent Manley
2077 Pine Ridge Road
Naples, FL 33942

Name of Employer

self-employed

Date (month,
day, year)

2/10/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

farmer

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 20 OF 59
FOR LINE NUMBER 110

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. B. Babcock, Jr. 3142 Secret Woods Trail W. Jacksonville, FL 32216	Kinco, Inc.	9/05/89	330.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation credit manager	Aggregate Year-to-Date \$	330.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jimmy T. Petronis 3144 N. Kings Drive Panama City, FL 32405	Capt Anderson Rest.	9/11/89	330.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date \$	330.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel B. Pope, M.D. 316 77th Street, N.W. Bradenton, FL 34209	self-employed	10/10/89	250.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date \$	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger C. Maddix 3182 Wood Valley Road Panama City, FL 32405	Panama City Police	9/11/89	330.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation police chief	Aggregate Year-to-Date \$	330.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609	TECO Energy, Inc.	9/08/89	330.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation corp. counsel	Aggregate Year-to-Date \$	330.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	Naples Printing Co.	11/03/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation businessman	Aggregate Year-to-Date \$	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Owen, Jr. 129 Rockhill Court Marco Island, FL 33837	TBO Consulting	06/08/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation consultant	Aggregate Year-to-Date \$	1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL of Receipts This Page (optional)

Page 16 of 31
FOR LINE NUMBER 112

None of the information furnished herein shall be used or sold for the purpose of collecting or disseminating information for the commercial purposes of any individual or any national enterprise in which contributions from such countries.

OF COMMERCE

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shelia H. McDowell 3211 Sarno Avenue, #202 Tampa, FL 33609		TECO Energy, Inc.	4/14/90	330.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: corp. counsel Aggregate Year-to-Date > 6	330.00	
B. Full Name, Mailing Address and ZIP Code Vernon D. Smith 3213 River Drive St. Pierre, FL 33682		Name of Employer: information requested	Date (month, day, year): 3/31/90	Amount of Each Receipt this Period: 400.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: information requested Aggregate Year-to-Date > 6	400.00	
C. Full Name, Mailing Address and ZIP Code Patrick Hatcher, Sr. 3230 NW 111th Ave. Coral Springs, FL 33065		Name of Employer: Showcase Homes	Date (month, day, year): 2/22/90	Amount of Each Receipt this Period: 400.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: corp. president Aggregate Year-to-Date > 6	400.00	
D. Full Name, Mailing Address and ZIP Code Paul C. Steinburch 3250 Mary Street, #306 Miami, FL 33131		Name of Employer: information requested	Date (month, day, year): 6/15/90	Amount of Each Receipt this Period: 500.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: information requested Aggregate Year-to-Date > 6	500.00	
E. Full Name, Mailing Address and ZIP Code Sergio E. G. Rivas 329 Neapolitan Way Naples, FL 33940		Name of Employer: Holz Morton & Assoc.	Date (month, day, year): 3/07/90	Amount of Each Receipt this Period: 1,000.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: civil engineer Aggregate Year-to-Date > 6	1,000.00	
F. Full Name, Mailing Address and ZIP Code Dorinda Forde 3291 Green Dolphin Lane Naples, FL 33940		Name of Employer: n/a	Date (month, day, year): 6/28/90	Amount of Each Receipt this Period: 250.00
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: retired Aggregate Year-to-Date > 6	250.00	
G. Full Name, Mailing Address and ZIP Code John J. Cori 3315 Lykes Avenue Tampa, FL 33609		Name of Employer: n/a	Date (month, day, year): 1/01/90	Amount of Each Receipt this Period: 333.33
Receipt For: <input checked="" type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation: CEO Aggregate Year-to-Date > 6	333.33	

SUBTOTAL of Records This Page Includes:

NOTE: This Period Start page (24) has content only!

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePage 18 of 45
FOR LINE NUMBER 118

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 candidate to solicit contributions from such contributors.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Donald L. Segar 3030 Regatta Road Naples, FL 33940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 4/11/91	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Stephen F. Foreman 305 Douglas Avenue Altamonte Springs, FL 32714 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fringe Benefit Plans Occupation insurance sales Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 1/03/91	Amount of Each Receipt this Period 330.00
C. Full Name, Mailing Address and ZIP Code Ginny Dirkins 3120 N.W. 37th Street Gainesville, FL 32605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 4/01/91	Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code Jose Pepe Farful 316 Royal Poinciana Plaza Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Onocola Farms Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/24/91	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Anita K. Mitchell 316 Seabreeze Avenue Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Smith, Mitchell Asso. Occupation investment banking Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/17/91	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Shelia M. Redovick 3211 Swann Avenue, #201 Tampa, FL 33609 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TECO Energy, Inc. Occupation corp. counsel Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 1/30/91	Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code Charles A. Harrison 3212 Fountain Blvd. Tampa, FL 33609 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer information requested Occupation restaurant owner Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 2/15/91	Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (from page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use this schedule to report contributions received for the campaign. Page 4 of 4
 Detailed Instructions Page 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Jose Pepe Fanjul 316 Royal Poinciana Plaza Palm Beach, FL 33480	Ocoola Farms	3/09/92	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: CEO Aggregate Year to Date: \$	3,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Alfonso Fanjul 316 Royal Poinciana Way Palm Beach, FL 33480	information requested	4/16/92	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: information requested Aggregate Year to Date: \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Joseph H. Champ 318 Via Linda Palm Beach, FL 33480	n/a	3/09/92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: investments Aggregate Year to Date: \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Sheila M. McDevitt 3211 Swann Avenue, #201 Tampa, FL 33609 \$320 refunded 7/27/92	TECO Energy, Inc.	3/17/92	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: corp. counsel Aggregate Year to Date: \$	330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
Stephen E. Brandon 3225 Aviation Avenue, 6th Floor Miami, FL 33133	Brandon Co.	3/06/92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: real estate dev. Aggregate Year to Date: \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
John R. Baker 3228 S.W. Martin Downs Blvd. Palm City, FL 34990	Martin Bassett Prop	1/13/92	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: general manager Aggregate Year to Date: \$	800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Contribution
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	Naples Printing Co.	1/27/92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: businessman Aggregate Year to Date: \$	1,250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

9 2 2 0 1 7 3 1 7 7

Attachment # 53E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1835

TAMPA, FLORIDA 33601-1835

3386July 27, 1992

09-25/92

PAY TO THE ORDER OF Sheila M. McDevitt \$ 320.00THREE HUNDRED TWENTY AND NO/100 ----- DOLLARS**FIRST
FLORIDA**First Florida Bank, S.A.
Saginaw Park Office 003
200 West Palm Beach
Tampa, Florida 33608

#003386# ⑆063100264⑆ 400870393#

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

DELUXE - FORM BYCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$320.00

94030975297

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 9
FOR LINE NUMBER 208

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Scott P. Lutgart 4200 Gulfshore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Sheila M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #6B Jacksonville FL 32204	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code William D. Griffin P. O. Box 1598 Sarasota, FL 34230	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 386.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 191 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John A. McCoy
P. O. Box 9019
Winter Haven, FL 33883

Name of Employer

John A. McCoy, Inc.

Date (month,
day, year)

1/28/93

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

health care

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

1/26/93

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

3/03/93

Amount of Each
Receipt this Period

500.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

5/18/93

Amount of Each
Receipt this Period

170.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period(170.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 192 OF 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Sheila M. McDavitt
3211 Swann Avenue, #201
Tampa, FL 33609

Name of Employer

TECO Energy, Inc.

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

170.00

redesignated

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

Occupation

corp. counsel

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

K. E. McDonald
127 6th Street, E.
Tierra Verde, FL 33715

Name of Employer

Florida Power Corp.

Date (month,
day, year)

5/25/93

Amount of Each
Receipt this Period

250.00

Occupation

executive

Aggregate Year-to-Date > \$

250.00

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

C. Full Name, Mailing Address and ZIP Code

Robert D. McDougal, III
3510 S. Dixie Highway
Miami, FL 33133

Name of Employer

Culligan Water Soft.

Date (month,
day, year)

3/11/93

Amount of Each
Receipt this Period

500.00

Occupation

CEO

Aggregate Year-to-Date > \$

500.00

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

D. Full Name, Mailing Address and ZIP Code

Robert D. McDougal, III
3510 S. Dixie Highway
Miami, FL 33133

Name of Employer

Culligan Water Soft.

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period

(500.00)

redesignated

Occupation

CEO

Aggregate Year-to-Date > \$

500.00

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

E. Full Name, Mailing Address and ZIP Code

Robert D. McDougal, III
3510 S. Dixie Highway
Miami, FL 33133

Name of Employer

Culligan Water Soft.

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period

500.00

redesignated

Occupation

CEO

Aggregate Year-to-Date > \$

500.00

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

F. Full Name, Mailing Address and ZIP Code

Norris B. McFarlane
456 Worth Avenue
Palm Beach, FL 33480

Name of Employer

Macalloy Corp.

Date (month,
day, year)

1/05/93

Amount of Each
Receipt this Period

100.00

Occupation

executive

Aggregate Year-to-Date > \$

1,500.00

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

G. Full Name, Mailing Address and ZIP Code

Norris B. McFarlane
456 Worth Avenue
Palm Beach, FL 33480

Name of Employer

Macalloy Corp.

Date (month,
day, year)

2/26/93

Amount of Each
Receipt this Period

500.00

Occupation

executive

Aggregate Year-to-Date > \$

1,500.00

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975300
9000070516

SCHEDULE A

ITEMIZED RECEIPTS

Any statement or report from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose, or for any other use of the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE FOR

FEDERAL OF CYCLO MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward B. Goydnow 1st Continent Island Road Darien, CT 06820	information requested	1/03/89	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Vincent G. Stenger, M.D. 1703 Little Pointe Cr. Sarasota, FL 34231	self-employed	4/11/89	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation physician	Aggregate Year to Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Jeter R. Brown 172 Harborage Court Clearwater, FL 34630	self-employed	4/19/89	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation engineer	Aggregate Year to Date \$ 330.00	
D. Full Name, Mailing Address and ZIP Code Jack L. Scott 1725 Memorial Park Drive Jacksonville, FL 32204	information requested	4/27/89	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation information requested	Aggregate Year to Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Walter A. McRae, Jr. 1725 Memorial Park Drive Jacksonville, FL 32204	Scott-McRae Auto Grp	6/12/89	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation self-employed	Aggregate Year to Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code David L. McDuffie 1746 Fairview Shores Drive Orlando, FL 32804	Tempaco, Inc.	4/26/89	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation OWNER	Aggregate Year to Date \$ 900.00	
G. Full Name, Mailing Address and ZIP Code Myron W. Wheat, M.D. 1772 Long Bow Lane Clearwater, FL 34624	self-employed	2/21/89	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation surgeon	Aggregate Year to Date \$ 900.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

First Schedule A Form
For use in reporting
Contributions to Political
Committees

11

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Wayne L. Carse 1700 S. Ruby Orlando, FL 32806	CHRYSLER CO., INC.	11/89	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: President	Aggregate Year to Date: \$	330.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Everett B. Foust 1724 SE 39th Terrace Cape Coral, FL 33904	n/a	12/08/89	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: retired	Aggregate Year to Date: \$	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
David L. McDuffie 1746 Fairview Shores Drive Orlando, FL 32804	Terjaco, Inc.	8/02/89	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: owner	Aggregate Year to Date: \$	1,380.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
David L. McDuffie 1746 Fairview Shores Drive Orlando, FL 32804	Terjaco, Inc.	9/08/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Owner	Aggregate Year to Date: \$	1,380.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
David L. McDuffie 1746 Fairview Shores Drive Orlando, FL 32804	Terjaco, Inc.	11/06/89	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: Owner	Aggregate Year to Date: \$	1,380.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Richard K. Thorndike 18 Perry Rd. Key Largo, FL 33037	n/a	7/06/89	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation: retired	Aggregate Year to Date: \$	350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Douglas H. Thompson, Jr. 1817 S.W. 23rd Street Gainesville, FL 32605	Accounting Firms Assoc.	12/14/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: C.P.A.	Aggregate Year to Date: \$	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 79
6 48
FOR LINE 11a
11a

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John M. Miller
1675 Marek Lane
Naples, FL 33940Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

real est sales
Aggregate Year-to-Date \$ 250.00Date (month,
day, year)
2/13/91Amount of Each
Receipt this Period

250.00

B. Full Name, Mailing Address and ZIP Code

Wayne L. Carso
1700 S. Bumby
Orlando, FL 32806Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Carso Oil Co., Inc.

Occupation

president
Aggregate Year-to-Date \$ 130.00Date (month,
day, year)
1/31/91Amount of Each
Receipt this Period

130.00

C. Full Name, Mailing Address and ZIP Code

David L. McDuffie
1746 Fairview Shores Drive
Orlando, FL 32804
\$330 refund 7/22/91Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Tuspeco, Inc.

Occupation

OWNER
Aggregate Year-to-Date \$ 500.00Date (month,
day, year)
1/04/91Amount of Each
Receipt this Period

500.00

D. Full Name, Mailing Address and ZIP Code

Michael S. Ryan
1832 S.E. 7th Street
Ft. Lauderdale, FL 33316Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Alamo Rent A Car

Occupation

CEO
Aggregate Year-to-Date \$ 400.00Date (month,
day, year)
1/28/91Amount of Each
Receipt this Period

400.00

E. Full Name, Mailing Address and ZIP Code

Richard M. De Vos
1840 S. Ocean Blvd.
Hialeah, FL 33462Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Jmwy Corp.

Occupation

president
Aggregate Year-to-Date \$ 1,000.00Date (month,
day, year)
2/14/91Amount of Each
Receipt this Period

1,000.00

F. Full Name, Mailing Address and ZIP Code

Richard M. De Vos
1840 S. Ocean Blvd.
Hialeah, FL 33462Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Jmwy Corp.

Occupation

president
Aggregate Year-to-Date \$ 1,900.00Date (month,
day, year)
4/08/91Amount of Each
Receipt this Period

900.00

G. Full Name, Mailing Address and ZIP Code

Thomas E. Lee, Jr.
18723 Rio Vista Drive
Tequesta, FL 33469Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Lee, Schulte et al

Occupation

attorney
Aggregate Year-to-Date \$ 300.00Date (month,
day, year)
5/14/91Amount of Each
Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePage 65 of 110
FOR LINE NUMBER
118

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 RACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Richard P. Torykian 56 Arrandale Road Rockville Centre, NY 11570	Lazard Freres & Co.	4/17/92	\$100.00 re-designated
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Investment banking	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Linda Rosenbluth 562 S. Spoonbill Drive Sarasota, FL 34236	n/a	6/24/92	\$100.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation homemaker	Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642 \$250 refunded 7/27/92	Harris, Barnett et al	3/12/92	100.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation attorney	Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919 \$100 refunded 7/27/92	self-employed	3/05/92	500.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation real est sales	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Joseph Colpaert 570 Conover Ct. Marco Island, FL 33937	self-employed	1/31/92	250.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation comm. real estate	Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Henry Duf. Wright 570 Wrightway Gulf Stream, FL 33444	Schenectady Chemical	2/11/92	100.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CEO	Aggregate Year-to-Date \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Henry Duf. Wright 570 Wrightway Gulf Stream, FL 33444	Schenectady Chemical	4/08/92	100.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CEO	Aggregate Year-to-Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975304

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Attachment #58C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

3390

July 27, 1992

BP 25/931

PAY TO THE
ORDER OF

Nancy S. Mueller

100.00

ONE HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, N.A.
State Farm Office 000
251 West Palm Street
Tampa, Florida 33602

⑈003390⑈ ⑆063100264⑆ 400870393⑈

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

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$100.00

94030975305

U I 7 0 1 0 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 7 9
LINE NUMBER
20a

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 NACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
B. Full Name, Mailing Address and ZIP Code Ralph C. Lealie 531 Palm Way Gulfstream, FL 33483	contribution and Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
D. Full Name, Mailing Address and ZIP Code Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code Robert S. Liebkind, M.D. 80 Isla Bahia Dr. Ft. Leauderdale, FL 33316	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Langford P. O. Box 970 Winter Park, FL 32789	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code Robert H. W. Hart P. O. Box 1101 Winter Haven, FL 33802	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code Robert J. Brusch, M.D. 25 Falconwood Court Ft. Myers, FL 33919	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00
I. Full Name, Mailing Address and ZIP Code Robert G. Hodson 808 Seasege Drive Delray Beach, FL 33483	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	90.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

94030975306

Do not include
in the category of the
Employer's Return Page

PAGE 48 OF 71
FOR LINE NUMBER 11a

This document contains information that may be used by any person for the purpose of collecting contributions or for commercial purposes. It is the responsibility of the person using this information to obtain appropriate permission from each contributor.

OF CONCRETE BLOCK

Full Name, Mailing Address and ZIP Code J. S. Suller 1000 Ave. Miami, FL 33139 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer self-employed Occupation real est. sales Aggregate Year-to-Date > \$ 425.00	Date (month, day, year) 11/03/92 Amount of Each Receipt this Period 25.00
Full Name, Mailing Address and ZIP Code J. Robert Malone 370 Sea Oak Dr. Vero Beach, FL 32963 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 12/16/92 Amount of Each Receipt this Period 200.00
Full Name, Mailing Address and ZIP Code Henry Dof. Wright 370 Wrightway Gulf Stream, FL 33444 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Scherectady Chemical Occupation CEO Aggregate Year-to-Date > \$ 335.00	Date (month, day, year) 10/02/92 Amount of Each Receipt this Period 35.00
Full Name, Mailing Address and ZIP Code Gloria W. Fletcher 5715 N.W. 57th Way Gainesville, FL 32606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer self-employed Occupation attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/30/92 Amount of Each Receipt this Period 500.00
Full Name, Mailing Address and ZIP Code Charles A. Blakes 5828 Riverside Lane Ft. Myers, FL 33919 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > \$ 290.00	Date (month, day, year) 9/23/92 Amount of Each Receipt this Period 100.00
Full Name, Mailing Address and ZIP Code John W. Trickett 600 N.E. 11th Street Miami, FL 33137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer Barra Supply Co. Occupation executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/31/92 Amount of Each Receipt this Period 250.00
Full Name, Mailing Address and ZIP Code John W. Trickett 4002 Pelican Bay Blvd., Apt. 906 Naples, FL 33963 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Identify:	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 205.00	Date (month, day, year) 7/16/92 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (See page 11a line number 11a)

94030975307

9300021641

Name of Employer		Date Incentive, day, year	Amount of Each Payment this Period
Polymer International		3/24/90	400.00
Occupation: chairman/o.e.o.		400.00	
Aggregate Year-to-Date > 8			
Name of Employer: n/a		Date Incentive, day, year: 6/26/90	Amount of Each Payment this Period: 200.00
Occupation: retired		200.00	
Aggregate Year-to-Date > 8			
Name of Employer: United Airlines		Date Incentive, day, year: 2/21/90	Amount of Each Payment this Period: 400.00
Occupation: information requested		400.00	
Aggregate Year-to-Date > 8			
Name of Employer: self-employed		Date Incentive, day, year: 2/08/90	Amount of Each Payment this Period: 400.00
Occupation: attorney		400.00	
Aggregate Year-to-Date > 8			
Name of Employer: Pioneer Oil Corp.		Date Incentive, day, year: 4/23/90	Amount of Each Payment this Period: 330.00
Occupation: CEO		330.00	
Aggregate Year-to-Date > 8			
Name of Employer: information requested		Date Incentive, day, year: 4/24/90	Amount of Each Payment this Period: 330.00
Occupation: information requested		330.00	
Aggregate Year-to-Date > 8			
Name of Employer: Mac Papers		Date Incentive, day, year: 1/14/90	Amount of Each Payment this Period: 400.00
Occupation: executive		400.00	
Aggregate Year-to-Date > 8			

SUBTOTAL of Payments This Page (optional)

TOTAL This Period (fill in on the number only)

94030975308

90030141757

SCHEDULE A

ITEMIZED RECEIPTS

 Information required
for the filing of the
Candidate's Financial Report

 16 37
FOR LINE 16 AND 17

11a

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

NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 David M. Rush
4804 Bayview Lane
Tomball, FL 33319

Name of Employer

Aptak Technologies

 Date (month,
day, year)

11/28/90

 Amount of Each
Receipt this Period

400.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 retired
Aggregate Year-to-Date > 8

B. Full Name, Mailing Address and ZIP Code

 L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242

Name of Employer

n/a

 Date (month,
day, year)

10/03/90

 Amount of Each
Receipt this Period

100.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 retired
Aggregate Year-to-Date > 8

C. Full Name, Mailing Address and ZIP Code

 L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242

Name of Employer

n/a

 Date (month,
day, year)

10/19/90

 Amount of Each
Receipt this Period

38.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 retired
Aggregate Year-to-Date > 8

D. Full Name, Mailing Address and ZIP Code

 Phillip Levitz
491 Arvida Parkway
Coral Gables, FL 33156

Name of Employer

n/a

 Date (month,
day, year)

10/02/90

 Amount of Each
Receipt this Period

250.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 retired
Aggregate Year-to-Date > 8

E. Full Name, Mailing Address and ZIP Code

 A. D. Davis
5080 Edgewood Court
Jacksonville, FL 32206

Name of Employer

Winn-Dixie

 Date (month,
day, year)

11/30/90

 Amount of Each
Receipt this Period

400.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 exco. vice-president
Aggregate Year-to-Date > 8

F. Full Name, Mailing Address and ZIP Code

 R. E. May
5080 N. T. Lane Mail
Sarasota, FL 34236

Name of Employer

Golden Breeze Rest.

 Date (month,
day, year)

7/24/90

 Amount of Each
Receipt this Period

125.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 owner
Aggregate Year-to-Date > 8

G. Full Name, Mailing Address and ZIP Code

 J. J. J. J.
516 Lido Drive
Ft. Lauderdale, FL 33301

Name of Employer

n/a

 Date (month,
day, year)

7/27/90

 Amount of Each
Receipt this Period

400.00

 Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Occupation

 businessman
Aggregate Year-to-Date > 8

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see page 10 for number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 41 OF 75
FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Joseph M. Nixon 47 Ponte Verde Blvd. Ponte Verde Beach, FL 32082 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation legislator Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 9/18/91	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Debby Sanderson 4800 N.W. 20th Terrace, Suite 401 Ft. Lauderdale, FL 33308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of Florida Occupation legislator Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 11/18/91	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Thomas W. Turner 4800 S. St. Brides Circle Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U.S. Dept. of Justice Occupation asst. U.S. attorney Aggregate Year-to-Date \$ 330.00	Date (month, day, year) 9/24/91	Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code Bruce A. Samson 4807 Woodmere Road Tampa, FL 33609 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation investments Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/08/91	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code David A. Cofrin, M.D. 4810 N.W. 8th Avenue Gainesville, FL 32605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 11/14/91	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Betty Irene Rater 4814 Cumbreath Isles Road Tampa, FL 33629 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation none Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/21/91	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code L. Allen Ockers 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 9/24/91	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 42 OF 75
FOR LINE NUMBER 118

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired
Aggregate Year-to-Date > \$Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

100.00

B. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired
Aggregate Year-to-Date > \$Date (month,
day, year)

12/03/91

Amount of Each
Receipt this Period

100.00

C. Full Name, Mailing Address and ZIP Code

A. Dano Davis
4861 Ortega Blvd.
Jacksonville, FL 32210Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Winn-Dixie Stores

Occupation

information requested
Aggregate Year-to-Date > \$Date (month,
day, year)

12/17/91

Amount of Each
Receipt this Period

1,000.00

D. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Reeves Motorcars

Occupation

car dealer

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/11/91

Amount of Each
Receipt this Period

250.00

E. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Reeves Motorcars

Occupation

car dealer

Aggregate Year-to-Date > \$

Date (month,
day, year)

11/19/91

Amount of Each
Receipt this Period

100.00

F. Full Name, Mailing Address and ZIP Code

Robert E. Sullivan
430 Mir. ...
Indianatic, FL 32903
earmarkedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Harris Corp.

Occupation

sr. vice-president

Aggregate Year-to-Date > \$

Date (month,
day, year)

12/23/91

Amount of Each
Receipt this Period

50.00

G. Full Name, Mailing Address and ZIP Code

earmarked through:
Harris FEPAC
Melbourne, FL 32919Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)Amount of Each
Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page and line number only)

9403097531
0043993

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page
 PAGE 58 110
 FOR LINE 11 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Everett McCarver
 482 John Ringling Blvd.
 Sarasota, FL 34236

Name of Employer

McCarver & Moser

Date (month, day, year)

6/30/92

Amount of Each Receipt (this Period)

250.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

retail jewelry

Aggregate Year to Date \$

350.00

B. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
 4822 Ocean Blvd., Apt. 5-C
 Sarasota, FL 34242

Name of Employer

n/a

Date (month, day, year)

2/20/92

Amount of Each Receipt (this Period)

150.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

retired

Aggregate Year to Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
 4822 Ocean Blvd., Apt. 5-C
 Sarasota, FL 34242
 \$300 refunded 7/27/92

Name of Employer

n/a

Date (month, day, year)

6/01/92

Amount of Each Receipt (this Period)

250.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

retired

Aggregate Year to Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

William Gregory Margerum
 4890 Cedar Hammock Court, S.E.
 Ft. Myers, FL 33905

Name of Employer

Mark V Distributors

Date (month, day, year)

2/10/92

Amount of Each Receipt (this Period)

250.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

general manager

Aggregate Year to Date \$

250.00

E. Full Name, Mailing Address and ZIP Code

Roland G. Caldwell
 4910 Lemon Bay Drive
 Venice, FL 34293

Name of Employer

Caldwell & Co.

Date (month, day, year)

3/09/92

Amount of Each Receipt (this Period)

1,000.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

inv. advisor

Aggregate Year to Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Kathleen M. Vijayanagar
 4953 Bay Way Drive
 Tampa, FL 33629

Name of Employer

information requested

Date (month, day, year)

6/22/92

Amount of Each Receipt (this Period)

500.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

information requested

Aggregate Year to Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Devilda N. Harris
 4961 Joswood Drive
 Sanibel, FL 33957
 \$125 refunded 7/27/92

Name of Employer

n/a

Date (month, day, year)

5/04/92

Amount of Each Receipt (this Period)

1,000.00

Receipt For ☒ Primary ☐ General
 Other (specify)

Occupation

retired

Aggregate Year to Date \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975312

080

9 2 0 2 0 1 7 3 1 8 3

Attachment # 59F

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

3392

July 27, 1992

88-26/331

PAY TO THE
ORDER OF

L. Allen Osborne

\$ 300.00

THREE HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, P.A.
State Bank Office 300
401 West Palm Street
Tampa, Florida 33606

#003392# 10631002641 400870393#

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

DELUXE - FORM BVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$300.00

94030975313

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 9
FOR LINE NUMBER 20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
B. Full Name, Mailing Address and ZIP Code Joe A. Hilliard P. O. Box 655 Clewiston, FL 33440	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
C. Full Name, Mailing Address and ZIP Code John H. Quinn P. O. Box 941539 Maitland, FL 32794	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
D. Full Name, Mailing Address and ZIP Code John Scott Mueller 4401 Gulf Shore Blvd N #1201 Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
G. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code L. A. Pierce 101 S. Gulfstream Ave. Sarasota, FL 34236	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 85.00
I. Full Name, Mailing Address and ZIP Code Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975314

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a)
for each category of the
Detailed Summary PagePAGE 223 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 60A

 For each category of the
Detailed Summary Page

 FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Robert Blanchard 301 East Kennedy Blvd., Suite 715 Tampa, FL 33602	W.R.B. Enterprises	10/31/91	10.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date \$ 660.00	
G. Robert Blanchard 301 East Kennedy Blvd., Suite 715 Tampa, FL 33602	W.R.B. Enterprises	10/31/91	320.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date \$ 660.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. M. Blain 202 E. Madison Tampa, FL 33602	self-employed	10/21/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Nelson 2070 Ringling Blvd. Sarasota, FL 34237	self-employed	8/14/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah A. Jacobson 2125 Biscayne Blvd., #340 Miami Beach, FL 33137	self-employed	10/29/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate	Aggregate Year-to-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Pace 2136 21st Court, S. Naples, FL 33940	n/a	9/18/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Pace 2136 21st Court, S. Naples, FL 33940	n/a	9/18/91	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975316

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePART 1
27 110
FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Ronald G. Amarf 21095 Hamlin Drive Boca Raton, FL 33433	Sensormatic Elec.	4/22/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president	Aggregate Year-to-Date \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
William G. Pace 2136 21st Court, S. Naples, FL 33940 \$250 refunded 7/27/92	n/a	1/21/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Ned L. Siegal 2151 W. Hillsboro Blvd., Suite 300 Deerfield Beach, FL 33442	Siegal School Org.	3/02/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Richard M. Fairbanks 22 E. Snapper Point Key Largo, FL 33037 \$150 refunded 7/27/92	Fairbanks Comm., Inc.	4/10/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation broadcasting	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Arthur I. Appleton 22 Indian Creek Island Miami Beach, FL 33154	n/a	2/11/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Arthur I. Appleton 22 Indian Creek Island Miami Beach, FL 33154	n/a	3/19/92	200.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year-to-Date \$ 450.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Harry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704 \$320 refunded 7/27/92	self-employed	3/17/92	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation investor	Aggregate Year-to-Date \$ 330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975317

9 2 0 2 0 1 7 3 1 8 4

Attachment #60C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

3393

July 27, 1992

88-26-531

PAY TO THE
ORDER OF

William G. Pace

\$ 250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank Plaza Office - 200
201 West Palm Street
Tampa, Florida 33602

#003393# 10631002641 400870393#

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

DELUXE - FORM PVC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

9 4 0 3 0 9 7 5 3 1 8
9 2 0 2 0 1 7 3 1 8 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 9
FOR LINE NUMBER 208

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Rod M. Brin 7675 Buck Lake Road Tallahassee, FL 32301	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
B. Full Name, Mailing Address and ZIP Code Roger MacBride 4380 Gulf Shore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code Scott F. Lutgert 4200 Gulfshore Blvd., N. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code Shella M. McDavitt 3211 Sharn Avenue, #201 Tampa, FL 33609	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
E. Full Name, Mailing Address and ZIP Code Tom McGhee 505 Lancaster St., #6B Jacksonville FL 32204	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Dr., #11006 Ft. Lauderdale, FL 33308	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 275.00
G. Full Name, Mailing Address and ZIP Code Wilford C. Lyon, Jr. One Independence Square Jacksonville, FL 32202	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code William G. Pace 2136 21st Court, S. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code William B. Griffin P. O. Box 1988 Sarasota, FL 34230	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975319

Page 19 of 51
 For Line 11a in 11a

This information is required to be reported for the purpose of calculating the amount of the penalty assessed to each employer for each delinquent payment.

Name of Employer		Date (month, day, year)	Amount of Each Payment This Period
Largay Co.		2/05/90	800.00
Occupation: Investments		Aggregate Year-to-Date > 8	750.00
Name of Employer: n/a		Date (month, day, year): 2/12/90	Amount of Each Payment This Period: 400.00
Occupation: retired		Aggregate Year-to-Date > 8	400.00
Name of Employer: self-employed		Date (month, day, year): 4/28/90	Amount of Each Payment This Period: 250.00
Occupation: financial consultant		Aggregate Year-to-Date > 8	250.00
Name of Employer: Hachitech		Date (month, day, year): 2/14/90	Amount of Each Payment This Period: 400.00
Occupation: president		Aggregate Year-to-Date > 8	400.00
Name of Employer: information requested		Date (month, day, year): 2/01/90	Amount of Each Payment This Period: 400.00
Occupation: information requested		Aggregate Year-to-Date > 8	400.00
Name of Employer: Cummings & Lockwood		Date (month, day, year): 4/06/90	Amount of Each Payment This Period: 750.00
Occupation: attorney		Aggregate Year-to-Date > 8	875.00
Name of Employer: information requested		Date (month, day, year): 1/22/90	Amount of Each Payment This Period: 150.00
Occupation: real estate		Aggregate Year-to-Date > 8	200.00
SUBTOTAL of Payments This Page (optional)			
TOTAL This Period (see page 41a for number only)			

94030975320

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Qualified Subchapter SPAGE 18 OF 45
FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217	Langley Co.	1/28/91	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investments Aggregate Year-to-Date > \$	400.00	
B. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308	n/a	2/14/91	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired Aggregate Year-to-Date > \$	400.00	
C. Full Name, Mailing Address and ZIP Code Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	Precision Machining	1/14/91	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation vice-president Aggregate Year-to-Date > \$	400.00	
D. Full Name, Mailing Address and ZIP Code Carl E. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd. Stuart, FL 34996	n/a	3/05/91	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired Aggregate Year-to-Date > \$	250.00	
E. Full Name, Mailing Address and ZIP Code Kleanor D. Cosgrove 3900 Gordon Dr. Naples, FL 33940	n/a	2/28/91	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code Douglas K. Newborn 40 Country Road, South Village of Colf, FL 33436	information requested	5/23/91	900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested Aggregate Year-to-Date > \$	900.00	
G. Full Name, Mailing Address and ZIP Code N. J. Harris 4080 Danwoody Drive Pensacola, FL 32503	Shell, Fleming, et al	1/02/91	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney Aggregate Year-to-Date > \$	800.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page
 PA 1
 47 11C
 11a

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Verdon E. Crossell
 3750 Galt Ocean Drive, Apt. 11006
 Ft. Lauderdale, FL 33308
 \$275 refunded 7/27/92

Receipt For

Other (specify)

General

Name of Employer

n/a

Occupation

retired

Aggregate Year to Date

Date (month, day, year)

3/03/92

Amount of Each Receipt this Period

150.00

B. Full Name, Mailing Address and ZIP Code

O. John Anderson
 380 Island Creek Drive
 Vero Beach, FL 32960

Receipt For

Other (specify)

Primary

General

Name of Employer

self-employed

Occupation

financial consultant

Aggregate Year to Date

Date (month, day, year)

2/04/92

Amount of Each Receipt this Period

250.00

C. Full Name, Mailing Address and ZIP Code

Louis A. Beachler, Jr.
 3801 Beverly Drive
 Dallas, TX 75205

Receipt For

Other (specify)

Primary

General

Name of Employer

self-employed

Occupation

investor

Aggregate Year to Date

Date (month, day, year)

5/29/92

Amount of Each Receipt this Period

500.00

D. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
 3820 Hopkins Street
 Pensacola, FL 32505

Receipt For

Other (specify)

Primary

General

Name of Employer

Precision Machining

Occupation

vice-president

Aggregate Year to Date

Date (month, day, year)

1/27/92

Amount of Each Receipt this Period

300.00

E. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
 3820 Hopkins Street
 Pensacola, FL 32505
 \$200 refunded 7/27/92

Receipt For

Other (specify)

Primary

General

Name of Employer

Precision Machining

Occupation

vice-president

Aggregate Year to Date

Date (month, day, year)

5/01/92

Amount of Each Receipt this Period

100.00

F. Full Name, Mailing Address and ZIP Code

Carl H. Pforzheimer, Jr.
 3884 S.E. Old St. Lucie Blvd.
 Stuart, FL 34996
 \$150 refunded 7/27/92

Receipt For

Other (specify)

Primary

General

Name of Employer

n/a

Occupation

retired

Aggregate Year to Date

Date (month, day, year)

3/23/92

Amount of Each Receipt this Period

250.00

G. Full Name, Mailing Address and ZIP Code

Robert Carver Cosgrove
 3900 Gordon Dr.
 Naples, FL 33940

Receipt For

Other (specify)

Primary

General

Name of Employer

n/a

Occupation

retired

Aggregate Year to Date

Date (month, day, year)

1/17/92

Amount of Each Receipt this Period

250.00

900.00

94030975322

077

9 2 0 2 0 1 7 3 1 8 5

Attachment # 61D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

3394

July 27, 1992

BP-26/531

PAY TO THE
ORDER OF

Donald S. Pendergrass

\$ 200.00

TWO HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Attn: P.O. Box 1836
P.O. Box 1836
Tampa, Florida 33601

⑈003394⑈ ⑆063100264⑆ 400870393⑈

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY - NO RECEIPT REQUIRED

DELUXE - FORM DVCP-3 V-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$200.00

9 4 0 3 0 9 7 5 3 2 3
9 : 1 1 7 3 1 8 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules/
for each category of the
Detailed Summary PagePAGE 2 9
FOR LINE NUMBER
20a

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dewilda N. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Jack Argalwan P. O. Box 30130 Pensacola, FL 32503	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eugene C. Pigg, Jr. 410 North Rida Tallahassee, FL 32303	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Florence Hicks Alexander 110 Amberwood Court Longwood, FL 32779	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	900.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

94030975324

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 45
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE to FILE

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Nough 1 Beach Dr., S.E., Apt. 1002 St. Petersburg, FL 33701	Wm. R. Nough & Co. Investment broker Aggregate Year-to-Date > \$	2/05/91	130.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward A. Noss 100 N. Biscayne Blvd., #2300 Miami, FL 33132	information requested information requested Aggregate Year-to-Date > \$	1/02/91	130.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Flankey 100 Paradise Harbour Blvd., #103 North Palm Beach, FL 33408	n/a retired Aggregate Year-to-Date > \$	1/17/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Petrino 100 Royal Palm Way Palm Beach, FL 33480	n/a retired Aggregate Year-to-Date > \$	2/15/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Petrino 100 Royal Palm Way Palm Beach, FL 33480	n/a retired Aggregate Year-to-Date > \$	4/22/91	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard K. Inocencio 1000 Vicar's Landing Way, Box F-206 Ponte Vedra Beach, FL 33082	n/a retired Aggregate Year-to-Date > \$	2/15/91	900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. CRENNAN-MARRIAGE, JR. 1004 Sixth St. Marianna, FL 32446 \$40 refund 7/22/91	self-employed real estate investor Aggregate Year-to-Date > \$	1/08/91	130.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975325

91000070455

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 75
FOR LINE NUMBER 118

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 NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wern G. Tinsler, III 100 Laura Street, 8th Floor Jacksonville, FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	McHorney Adams, et al Occupation: Attorney Aggregate Year-to-Date: \$	10/29/91 1,000.00	1,000.00
Charles E. Plarkey 100 Paradise Harbour Blvd., #103 North Palm Beach, FL 33408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: retired Aggregate Year-to-Date: \$	11/04/91 50.00	50.00
Michael J. Petrino 100 Royal Palm Way Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: retired Aggregate Year-to-Date: \$	11/20/91 50.00	50.00
Benjamin J. Free 100 Sunrise Avenue Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self-employed Occupation: finance Aggregate Year-to-Date: \$	9/27/91 100.00	100.00
John Tiedtke 1000 Holt Avenue Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self-employed Occupation: agriculture Aggregate Year-to-Date: \$	7/20/91 330.00	330.00
John Tiedtke 1000 Holt Avenue Winter Park, FL 32789 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self-employed Occupation: agriculture Aggregate Year-to-Date: \$	10/24/91 40.00	40.00
Thomas L. Hammond 1000 Lowry Street, #5D Delray Beach, FL 33483 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	n/a Occupation: retired Aggregate Year-to-Date: \$	11/08/91 500.00	500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975326

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Page 1 110
FOR LINE NUMBER 110

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

William R. Hough
1 Beach Dr., S.E., Apt. 1002
St. Petersburg, FL 33701
\$323 refunded 7/27/92Receipt For ☒ Primary ☒ General
Other (specify):

Name of Employer

Wm. R. Hough & Co.

Date (month, day, year)

1/28/92

Amount of Each Receipt this Period

113.00

Occupation

Investment broker

Aggregate Year-to-Date \$

333.00

B. Full Name, Mailing Address and ZIP Code

John Tiedtke
1 Isle of Sicily
Winter Park, FL 32789Receipt For ☐ Primary ☒ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

1/17/92

Amount of Each Receipt this Period

140.00

Occupation

agriculture

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

John Tiedtke
1 Isle of Sicily
Winter Park, FL 32789Receipt For ☐ Primary ☒ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

2/21/92

Amount of Each Receipt this Period

50.00

Occupation

agriculture

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

John Tiedtke
1 Isle of Sicily
Winter Park, FL 32789Receipt For ☐ Primary ☒ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

5/13/92

Amount of Each Receipt this Period

110.00

Occupation

agriculture

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Prativ Patel
100 Horst Road
Brandon, FL 33510Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Date (month, day, year)

6/22/92

Amount of Each Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date \$

250.00

F. Full Name, Mailing Address and ZIP Code

Michael J. Petrino
100 Royal Palm Way
Palm Beach, FL 33480Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

2/20/92

Amount of Each Receipt this Period

200.00

Occupation

retired

Aggregate Year-to-Date \$

700.00

G. Full Name, Mailing Address and ZIP Code

Michael J. Petrino
100 Royal Palm Way
Palm Beach, FL 33480
\$450 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

3/19/92

Amount of Each Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

700.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975327

11031

9 2 2 0 1 7 3 1 8 6

Attachment # 62D

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1888
TAMPA, FLORIDA 33601-1888

3395

July 27, 1992

68-28/531

PAY TO THE
ORDER OF

Michael J. Petrina

\$ 450.00

FOUR HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bay Park Office 008
65 - Bay Park Drive
Tampa, Florida 33609

#003395# 1:063100264: 400870393#

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$450.00

9 4 0 3 0 9 7 5 3 2 8

9 2 2 0 1 7 3 1 8 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 9

FOR LINE NUMBER 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 490.00
B. Full Name, Mailing Address and ZIP Code Lillian Worth 949 Tomas Ct. Orlando, FL 32825	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 11/05/92	Amount of Each Disbursement This Period 75.00
C. Full Name, Mailing Address and ZIP Code Loomis C. Leady, Jr. P. O. Box 711 Orlando, FL 32802	Purpose of Disbursement contribution refund Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Lorena Jacob P. O. Box 428 Mango, FL 33550	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 800.00
E. Full Name, Mailing Address and ZIP Code Lucie B. Bostick 9 Brogden Court, S.E. Winter Haven, FL 33880	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Martha W. Hurd 115 Landford Road Piedmont, CA 94611	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
G. Full Name, Mailing Address and ZIP Code Michael J. Petrino 100 Royal Palm Way Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
H. Full Name, Mailing Address and ZIP Code Morris A. Rowe 1030 Gray Road Ocoee, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code Morris A. Rowe 1030 Gray Road Ocoee, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 8/10/92	Amount of Each Disbursement This Period 100.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page only line number only)

94030975329

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 232 OF 331
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

E. Leslie Peter
510 Vanderbilt Drive
Brandon, FL 33511

Name of Employer

Leslie Peter & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

E. Leslie Peter
510 Vanderbilt Drive
Brandon, FL 33511

Name of Employer

Leslie Peter & Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

Calvin R. Peters, M.D.
467 Lakewood Drive
Winter Park, FL 32789

Name of Employer

self-employed

Date (month,
day, year)

6/29/93

Amount of Each
Receipt this Period

250.00

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

Occupation

physician

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

Henry C. Petri
2780 N.E. 9th Court
Pompano Beach, FL 33062

Name of Employer

Petris Pos. Post Ctrl

Date (month,
day, year)

5/27/93

Amount of Each
Receipt this Period

400.00

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

Occupation

chairman

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Michael J. Petrino
100 Royal Palm Way
Palm Beach, FL 33480

Name of Employer

n/a

Date (month,
day, year)

1/21/93

Amount of Each
Receipt this Period

50.00

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

Occupation

retired

Aggregate Year-to-Date > \$

550.00

F. Full Name, Mailing Address and ZIP Code

Michael J. Petrino
100 Royal Palm Way
Palm Beach, FL 33480

Name of Employer

n/a

Date (month,
day, year)

1/25/93

Amount of Each
Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

550.00

G. Full Name, Mailing Address and ZIP Code

Michael J. Petrino
100 Royal Palm Way
Palm Beach, FL 33480

Name of Employer

n/a

Date (month,
day, year)

2/06/93

Amount of Each
Receipt this Period(550.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

550.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975330656

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page233 331
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9403000703057

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Budgeted Summary Page

 26 50
 FOR LINE BUDGET #
 110

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NAME OF COMMITTEE to Full

FRIENDS OF CONNIE HICK

A. Full Name, Mailing Address and ZIP Code

 E. Robert Langley, Jr.
 1733 University Blvd. W., Suite 208
 Jacksonville, FL 32217

Name of Employer

Langley Co.

Date (month, day, year)

6/05/89

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary☐ General

Other (specify):

Occupation

investments

Aggregate Year-to-Date > \$

250.00

B. Full Name, Mailing Address and ZIP Code

 J. Lee Dockery, M.D.
 3832 S.W. 84th Street
 Gainesville, FL 32608

Name of Employer

Univ. of Florida

Date (month, day, year)

4/27/89

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General

Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

 Carl E. Pforzheimer, Jr.
 3884 S.E. Old St. Lucie Blvd.
 Stuart, FL 34996

Name of Employer

n/a

Date (month, day, year)

2/22/89

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary☐ General

Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

 Lorys Charbonnet, III
 3901 Breganza Avenue
 Coconut Grove, FL 33133

Name of Employer

information requested

Date (month, day, year)

1/12/89

Amount of Each Receipt this Period

500.00

Receipt For:

☒ Primary☐ General

Other (specify):

Occupation

real estate

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

 Anthony D. Migliore
 3949 Evans Ave., Suite 102
 Ft. Myers, FL 33901

Name of Employer

self-employed

Date (month, day, year)

1/18/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☒ Primary☐ General

Other (specify):

Occupation

anesthesiologist

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

 Anthony D. Migliore
 3949 Evans Ave., Suite 102
 Ft. Myers, FL 33901

Name of Employer

self-employed

Date (month, day, year)

4/22/89

Amount of Each Receipt this Period

500.00

Receipt For:

☐ Primary☒ General

Other (specify):

Occupation

anesthesiologist

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

 Robert A. Bogert
 400 E. South Street, Suite 500
 Orlando, FL 32801

Name of Employer

information requested

Date (month, day, year)

6/01/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☐ Primary☒ General

Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (attach):

TOTAL This Period (see page 4 for the number only)

SECTION A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Expenditure Page

 Page 13 of 27
 FOR LINE NUMBER 118

Any information copied from such receipts 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 contributor to full

FRIENDS OF CONNIE HACK

 A. Full Name, Mailing Address and ZIP Code
 Leonard Pappas
 310 West Jefferson Street
 Tallahassee, FL 32301

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

 Name of Employer
 information requested

 Occupation
 lawyer
 Aggregate Year-to-Date \$ 580.00

 Date (month, day, year)
 10/17/90

 Amount of Each Receipt this Period
 180.00

 B. Full Name, Mailing Address and ZIP Code
 Leonard Pappas
 310 West Jefferson Street
 Tallahassee, FL 32301

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

 Name of Employer
 information requested

 Occupation
 lawyer
 Aggregate Year-to-Date \$ 580.00

 Date (month, day, year)
 12/11/90

 Amount of Each Receipt this Period
 330.00

 C. Full Name, Mailing Address and ZIP Code
 Richard Hall, M.D.
 3101 Fort Royale Blvd., #1137
 Ft. Lauderdale, FL 33308

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

 Name of Employer
 self-employed

 Occupation
 physician
 Aggregate Year-to-Date \$ 400.00

 Date (month, day, year)
 7/08/90

 Amount of Each Receipt this Period
 400.00

 D. Full Name, Mailing Address and ZIP Code
 Daniel S. Pope, M.D.
 316 77th Street, N.W.
 Bradenton, FL 34209

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

 Name of Employer
 self-employed

 Occupation
 physician
 Aggregate Year-to-Date \$ 250.00

 Date (month, day, year)
 7/03/90

 Amount of Each Receipt this Period
 250.00

 E. Full Name, Mailing Address and ZIP Code
 Carl H. Pichonheimer, Jr.
 3884 S.E. Old St. Lucie Blvd.
 Stuart, FL 34996

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

 Name of Employer
 n/a

 Occupation
 retired
 Aggregate Year-to-Date \$ 400.00

 Date (month, day, year)
 7/20/90

 Amount of Each Receipt this Period
 400.00

 F. Full Name, Mailing Address and ZIP Code
 DONALD R. DUNN
 390 N. Orange Avenue
 Orlando, FL 32801

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

 Name of Employer
 United Medical Corp.

 Occupation
 chairman
 Aggregate Year-to-Date \$ 330.00

 Date (month, day, year)
 11/24/90

 Amount of Each Receipt this Period
 330.00

 G. Full Name, Mailing Address and ZIP Code
 JOHN T. CHRISTENSEN
 3901 Breganza Avenue
 Coconut Grove, FL 33133

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

 Name of Employer
 information requested

 Occupation
 information requested
 Aggregate Year-to-Date \$ 700.00

 Date (month, day, year)
 7/24/90

 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975333
91000031571

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	10	45
	FOR LINE NUMBER 118	

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

94030975334

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Langley Co.</p> <p>Occupation</p> <p>Investments</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>1/28/91</p>	<p>Amount of Each Receipt this Period</p> <p>400.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Vernon E. Crowell 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>2/14/91</p>	<p>Amount of Each Receipt this Period</p> <p>400.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Precision Machining</p> <p>Occupation</p> <p>vice-president</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>1/14/91</p>	<p>Amount of Each Receipt this Period</p> <p>400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Carl E. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd. Stuart, FL 34996</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>1/05/91</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Kleanor D. Cosgrove 3900 Gordon Dr. Naples, FL 33940</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>n/a</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>2/28/91</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Douglas K. Pearson 40 Country Road, South Village at Golf, FL 33436</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>information requested</p> <p>Occupation</p> <p>information requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>5/23/91</p>	<p>Amount of Each Receipt this Period</p> <p>900.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>H. J. Fleming 4080 Dunwoody Drive Pensacola, FL 32503</p> <p>Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>	<p>Name of Employer</p> <p>Shell, Fleming, et al</p> <p>Occupation</p> <p>attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>1/02/91</p>	<p>Amount of Each Receipt this Period</p> <p>400.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePART
47 110
FORM LINE 11a
11a

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 any other political purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Vernon E. Crossell
3750 Galt Ocean Drive, Apt. 11006
Ft. Lauderdale, FL 33308
\$375 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/03/92

Amount of Each
Receipt this Period

150.00

Occupation

retired

Aggregate Year-to-Date \$

400.00

B. Full Name, Mailing Address and ZIP Code

O. John Anderson
380 Island Creek Drive
Vero Beach, FL 32960Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

250.00

Occupation

financial consultant

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Louis A. Beecherl, Jr.
3801 Beverly Drive
Dallas, TX 75205Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

5/29/92

Amount of Each
Receipt this Period

500.00

Occupation

investor

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
3820 Hopkins Street
Pensacola, FL 32505Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Precision Machining

Date (month,
day, year)

1/27/92

Amount of Each
Receipt this Period

300.00

Occupation

vice-president

Aggregate Year-to-Date \$

400.00

E. Full Name, Mailing Address and ZIP Code

Donald S. Pendergrass
3820 Hopkins Street
Pensacola, FL 32505
\$200 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Precision Machining

Date (month,
day, year)

5/01/92

Amount of Each
Receipt this Period

100.00

Occupation

vice-president

Aggregate Year-to-Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Carl H. Pforzheimer, Jr.
3884 S.E. Old St. Lucie Blvd.
Stuart, FL 34996
\$150 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/23/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Robert Carver Osgrove
3900 Gordon Dr.
Naples, FL 33940Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

1/17/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

900.00

94030975335

11077

9 2 0 1 7 3 1 8 7

Attachment # 63E

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1896

TAMPA, FLORIDA 33601-1896

3396

July 27, 92

08-26/92

PAY TO THE
ORDER OF

Carl H. Pforzheimer, Jr.

\$ 150.00

ONE HUNDRED FIFTY AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
Bank Post Office 060
201 West Palm Street
Tampa, Florida 33602

⑈003396⑈ ⑈063⑈00264⑈ 400870393⑈

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$150.00

9 4 0 3 0 9 7 5 3 3 6

9 2 0 1 7 3 1 8 7

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule
for each category of the
Detailed Summary Page

 PAGE 1
FOR LINE NUMBER 208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

 A. Carlton Sutphin
9098 Old Frederick Road
Ellicott City, MD 21043

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
125.00

B. Full Name, Mailing Address and ZIP Code

 A. Gary Walsingham
14520 Frank Beach Road
Parsons City Beach, FL 32413

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
320.00

C. Full Name, Mailing Address and ZIP Code

 Betsy Freiburger
2999 Date Palm Road
Boca Raton, FL 33432

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
350.00

D. Full Name, Mailing Address and ZIP Code

 Bill Watkins
P. O. Box 1738
Atlanta, GA 30301

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
500.00

E. Full Name, Mailing Address and ZIP Code

 Carl H. Pforzheimer, Jr.
3884 S.E. Old St. Lucia Blvd
Stuart, FL 34996

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
150.00

F. Full Name, Mailing Address and ZIP Code

 Caroline L. Klein
6807 Turban Ct., SPV
Ft. Myers, FL 33908

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
50.00

G. Full Name, Mailing Address and ZIP Code

 Charles Lauer
P. O. Box 8604
Deerfield Beach, FL 33441

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
200.00

H. Full Name, Mailing Address and ZIP Code

 David L. Brooks
6556 Ridgewood Dr.
Naples, FL 33940

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
1,000.00

I. Full Name, Mailing Address and ZIP Code

 David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

 Purpose of Disbursement
contribution refund

 Disbursement for ☐ Primary ☐ General
☐ Other (specify)

 Date (month, day, year)
7/27/92

 Amount of Each Disbursement This Period
450.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975337

Do not include in this report any contributions made by any person for the purpose of obtaining contributions or for commercial purposes, and do not include the aggregate amount of any political committee to which contributions were made.

PAGE 38 71
FOR LINE NUMBER 118

OF CONNIE BACE

Full Name, Mailing Address and ZIP Code
W. S. Morshauer, Jr.
 3011 S.W. 67th Avenue
 Miami, FL 33155

Name of Employer

N/A

Date (month, day, year)

6/24/92

Amount of Each Receipt this Period
150.00

Occupation

retired

Aggregate Year-to-Date > \$

250.00

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

Full Name, Mailing Address and ZIP Code
Joan Diaz-Pedron
 3911 S.W. 67th Avenue
 Miami, FL 33155

Name of Employer

Granada Ins. Co.

Date (month, day, year)

12/18/92

Amount of Each Receipt this Period
500.00

Occupation

insurance

Aggregate Year-to-Date > \$

500.00

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

Full Name, Mailing Address and ZIP Code
B. J. Walker
 3900 Alhambra Drive, West
 Jacksonville, FL 32207

Name of Employer

First Union Corp.

Date (month, day, year)

7/22/92

Amount of Each Receipt this Period
250.00

Occupation

barber

Aggregate Year-to-Date > \$

500.00

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

Full Name, Mailing Address and ZIP Code
R. Travis Storey
 3967 Chicora Wood Place
 Jacksonville, FL 32216

Name of Employer

Arthur Andersen & Co.

Date (month, day, year)

11/10/92

Amount of Each Receipt this Period
200.00

Occupation

C.P.A.

Aggregate Year-to-Date > \$

1,200.00

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

Full Name, Mailing Address and ZIP Code
Waldemar K. Marchalyn
 4015 Mountain Springs Lane
 Tampa, FL 33634

Name of Employer

information requested

Date (month, day, year)

12/08/92

Amount of Each Receipt this Period
250.00

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

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

Full Name, Mailing Address and ZIP Code
William L. Rose
 408 Pl...ion Road
 Tallahassee, FL 32303

Name of Employer

Alexander & Alexander

Date (month, day, year)

12/02/92

Amount of Each Receipt this Period
150.00

Occupation

insurance

Aggregate Year-to-Date > \$

250.00

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

Full Name, Mailing Address and ZIP Code
Andrew C. Figg, Sr.
 410 North Side
 Tallahassee, FL 32303

Name of Employer

Figg and Muller

Date (month, day, year)

12/14/92

Amount of Each Receipt this Period
500.00

Occupation

attorney

Aggregate Year-to-Date > \$

650.00

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

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (this page plus the number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 234 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Thomas F. Potany, III
2727 Atlantic Blvd.
Jacksonville, FL 32207

Name of Employer

Home Bldg. Ins. Svcs

Date (month, day, year)

6/08/93

Amount of Each Receipt this Period

400.00

redesignated

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

Occupation

insurance

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

F. Fred Penashan
P. O. Box 10733
Naples, FL 33940

Name of Employer

Raft Construction

Date (month, day, year)

2/16/93

Amount of Each Receipt this Period

500.00

Occupation

general contractor

Aggregate Year-to-Date > \$

500.00

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

C. Full Name, Mailing Address and ZIP Code

Carl H. Pforzheimer, Jr.
3884 S.E. Old St. Lucie Blvd.
Stuart, FL 34996

Name of Employer

n/a

Date (month, day, year)

5/03/93

Amount of Each Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date > \$

250.00

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

D. Full Name, Mailing Address and ZIP Code

Richard E. Phares, M.D.
100 Fifth Avenue, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month, day, year)

5/19/93

Amount of Each Receipt this Period

100.00

Occupation

physician

Aggregate Year-to-Date > \$

250.00

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

E. Full Name, Mailing Address and ZIP Code

Richard E. Phares, M.D.
100 Fifth Avenue, S.
St. Petersburg, FL 33701

Name of Employer

self-employed

Date (month, day, year)

5/24/93

Amount of Each Receipt this Period

150.00

Occupation

physician

Aggregate Year-to-Date > \$

250.00

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

F. Full Name, Mailing Address and ZIP Code

R. H. Pickens
8111 Preston Road, Suite 800
Dallas, TX 75225

Name of Employer

self-employed

Date (month, day, year)

4/29/93

Amount of Each Receipt this Period

1,000.00

Occupation

Aggregate Year-to-Date > \$

1,000.00

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

G. Full Name, Mailing Address and ZIP Code

R. H. Pickens
8111 Preston Road, Suite 800
Dallas, TX 75225

Name of Employer

self-employed

Date (month, day, year)

5/10/93

Amount of Each Receipt this Period

(1,000.00)

redesignated

Occupation

Aggregate Year-to-Date > \$

1,000.00

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975339

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 01
2 75
FOR LINE NUMBER
118

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NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Richard K. Thorndike
1000 Vicar's Landing Way, Box F-206
Ponte Vedra Beach, FL 33082Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

9/25/91

Amount of Each
Receipt this Period

250.00

1,350.00

B. Full Name, Mailing Address and ZIP Code

Richard K. Thorndike
1000 Vicar's Landing Way, Box F-206
Ponte Vedra Beach, FL 33082Receipt For ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

9/25/91

Amount of Each
Receipt this Period

500.00

1,250.00

C. Full Name, Mailing Address and ZIP Code

Jim R. Clare
1002 Lozillas de Avila
Tampa, FL 33613Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Pan Am Group

Occupation

other

Aggregate Year-to-Date \$

Date (month,
day, year)

11/01/91

Amount of Each
Receipt this Period

500.00

500.00

D. Full Name, Mailing Address and ZIP Code

C. Crehall Harrison, Jr.
1004 Sixth St.
Marianna, FL 32446Receipt For ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

real estate investor

Aggregate Year-to-Date \$

Date (month,
day, year)

8/08/91

Amount of Each
Receipt this Period

40.00

330.00

E. Full Name, Mailing Address and ZIP Code

J. F. Davies
101 Ben Franklin Dr., Apt. 86
Sarasota, FL 34243Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

9/24/91

Amount of Each
Receipt this Period

200.00

300.00

F. Full Name, Mailing Address and ZIP Code

E. H. Pittman, Jr.
101 Centerville Drive, #207
Jacksonville, FL 32216Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

engineer

Aggregate Year-to-Date \$

Date (month,
day, year)

10/29/91

Amount of Each
Receipt this Period

1,000.00

1,000.00

G. Full Name, Mailing Address and ZIP Code

L. A. Pierce
101 S. Gulfstream Ave., Apt. 6-A
Sarasota, FL 34236Receipt For ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

250.00

450.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975340

94030975340

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Inventory PagePAGE 4 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Robert E. Rich
101 Indian Road
Palm Beach, FL 33480

Name of Employer

Rich Products Corp.

Date (month,
day, year)

2/11/92

Amount of Each
Receipt this Period

250.00

Occupation

executive

Aggregate Year-to-Date \$

250.00

Receipt For

☒ Primary☐ General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

L. A. Pieros
101 S. Gulfstream Ave., Apt. 6-A
Sarasota, FL 34236
\$85 refunded 7/27/92

Name of Employer

n/a

Date (month,
day, year)

2/11/92

Amount of Each
Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

500.00

Receipt For

☒ Primary☐ General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Egmont Sonderling
10155 Collins Ave. #909
Miami Beach, FL 33154

Name of Employer

n/a

Date (month,
day, year)

5/26/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

250.00

Receipt For

☒ Primary☐ General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

Francis E. Donoghue
1016 Fish Crow Road
Sanibel, FL 33957

Name of Employer

n/a

Date (month,
day, year)

4/13/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date \$

250.00

Receipt For

☒ Primary☐ General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

Shirlee Bowne
1018 Thomasville Road
Tallahassee, FL 32303

Name of Employer

self-employed

Date (month,
day, year)

2/21/92

Amount of Each
Receipt this Period

250.00

Occupation

real estate broker

Aggregate Year-to-Date \$

250.00

Receipt For

☒ Primary☐ General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

L. C. Peasley
1020 S. Ocean Blvd.
Manalapan, FL 33462

Name of Employer

n/a

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

600.00

Receipt For

☒ Primary☐ General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

L. C. Peasley
1020 S. Ocean Blvd.
Manalapan, FL 33462

Name of Employer

n/a

Date (month,
day, year)

2/14/92

Amount of Each
Receipt this Period

100.00

Occupation

retired

Aggregate Year-to-Date \$

600.00

Receipt For

☒ Primary☐ General

Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 2 0 1 7 3 1 8 8

Attachment # 64C

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT
 P. O. BOX 1886
 TAMPA, FLORIDA 33601-1886

3397

July 27, 1992

09-25/92

PAY TO THE
ORDER OF

L.A. Pierce

\$ 85.00

EIGHTY FIVE AND NO/100 ----- DOLLARS

FIRST
FLORIDA

First Florida Bank, S.A.
 One First Center 1000
 901 West Port Street
 Tampa, Florida 33606



⑈003397⑈ ⑆063100264⑆ 400870393⑈

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$85.00

94030975342

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 5 9
FOR LINE NUMBER
20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
B. Full Name, Mailing Address and ZIP Code Joe A. Hilliard P. O. Box 655 Clewiston, FL 33440	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
C. Full Name, Mailing Address and ZIP Code John H. Quinn P. O. Box 941539 Maitland, FL 32794	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
D. Full Name, Mailing Address and ZIP Code John Scott Mueller 4401 Gulf Shore Blvd N #1201 Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
G. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code L. A. Pierce 101 S. Gulfstream Ave. Sarasota, FL 34236	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 85.00
I. Full Name, Mailing Address and ZIP Code Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975343

7
 Please complete the
 General Summary Page

FOR LINE NUMBER
 11a

This form is to be completed by each contributor and is to be filed with the return for the purpose of reporting contributions or for commercial purposes. It is not to be used for any other purpose, including the reporting of contributions from such sources.

Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
1. Full Name, Mailing Address and ZIP Code John Harrison 3020 S.W. 50th Avenue Miami, FL 33196 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		8/17/92 Occupation: retired Aggregate Year-to-Date: 900.00	85.00
2. Full Name, Mailing Address and ZIP Code Joan Harrison 3020 S.W. 50th Avenue Miami, FL 33196 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		7/15/92 Occupation: housewife Aggregate Year-to-Date: 225.00	50.00
3. Full Name, Mailing Address and ZIP Code L. C. Penley 3020 S. Ocean Blvd. Miramar, FL 33462 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		7/07/92 Occupation: retired Aggregate Year-to-Date: 750.00	100.00
4. Full Name, Mailing Address and ZIP Code L. C. Penley 3020 S. Ocean Blvd. Miramar, FL 33462 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		10/14/92 Occupation: retired Aggregate Year-to-Date: 750.00	50.00
5. Full Name, Mailing Address and ZIP Code John L. Harrison 3024 S.E. Fourth Street Fort Lauderdale, FL 33301 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		9/11/92 Occupation: investment counselor Aggregate Year-to-Date: 900.00	500.00
6. Full Name, Mailing Address and ZIP Code William Penley 1027 Pine Ridge Circle Brandon, FL 33511 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		7/03/92 Occupation: information requested Aggregate Year-to-Date: 250.00	250.00
7. Full Name, Mailing Address and ZIP Code 1030 Gray Road Coconut, FL 32936 Receipt For: <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		7/23/92 Occupation: driver Aggregate Year-to-Date: 700.00	100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

94030975344

9300021595

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 3 OF 59
FOR LINE NUMBER 11a

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List of contributors to Fund

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

E. Thom Rumberger
11 East Pine Street
Orlando, FL 32801

Name of Employer

information requested

Date (month, day, year)

10/23/89

Amount of Each Receipt this Period

330.00

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

Occupation

information requested

Aggregate Year-to-Date

130.00

B. Full Name, Mailing Address and ZIP Code

Hector Alcalde
1161 S. Arlington Ridge Road
Arlington, VA 22202

Name of Employer

Alcalde, O'Bannon

Date (month, day, year)

11/22/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

consultant

Aggregate Year-to-Date

1,000.00

C. Full Name, Mailing Address and ZIP Code

Richard Fletcher
11818 Wimbury Road
Gainesville, FL 32606

Name of Employer

self-employed

Date (month, day, year)

11/27/89

Amount of Each Receipt this Period

330.00

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

Occupation

farmer/developer

Aggregate Year-to-Date

330.00

D. Full Name, Mailing Address and ZIP Code

Penimore Cooper, Jr.
1107 Edgewater Drive
Orlando, FL 32804

Name of Employer

Sparks Cooper et al

Date (month, day, year)

8/22/89

Amount of Each Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date

330.00

E. Full Name, Mailing Address and ZIP Code

Ralph O. P. Silverman, Jr.
1111 Rine Concourse, Suite 301
Bay Harbor Islands, FL 33154

Name of Employer

Rops & Assoc.

Date (month, day, year)

7/06/89

Amount of Each Receipt this Period

250.00

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

Occupation

insurance

Aggregate Year-to-Date

250.00

F. Full Name, Mailing Address and ZIP Code

John A. Porter
1124 N. Lakeshore Drive
Sarasota, FL 34231

Name of Employer

LDS Communications

Date (month, day, year)

7/14/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

chairman

Aggregate Year-to-Date

1,000.00

G. Full Name, Mailing Address and ZIP Code

John A. Porter
1124 N. Lakeshore Drive
Sarasota, FL 34231

Name of Employer

LDS Communications

Date (month, day, year)

10/21/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

chairman

Aggregate Year-to-Date

2,000.00

Signature of Receipt This Page (printed)

NOTE: The Form Receipts are the authorized

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 45
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

John A. Porter
1124 N. Lakeshore Drive
Sarasota, FL 34231
\$500 refund 7/22/91

Receipt For Primary

Other (specify)

General

Name of Employer

LDS Communications

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

1,500.00

Occupation

chairman

Aggregate Year to Date \$

1,500.00

B. Full Name, Mailing Address and ZIP Code

Brenda B. Pollak
115 Shoreline Drive
Gulf Breeze, FL 32561

Receipt For Primary

Other (specify)

General

Name of Employer

City of Gulf Breeze

Date (month,
day, year)

1/08/91

Amount of Each
Receipt this Period

400.00

Occupation

agency director

Aggregate Year to Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

David H. Simmons
116 S. Orange Ave.
Orlando, FL 32802

Receipt For Primary

Other (specify)

General

Name of Employer

Drage, Simmons, et al

Date (month,
day, year)

1/02/91

Amount of Each
Receipt this Period

330.00

Occupation

attorney

Aggregate Year to Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Chesterfield Smith
1200 Brickell Avenue, 14th Floor
Miami, FL 33131

Receipt For Primary

Other (specify)

General

Name of Employer

information requested

Date (month,
day, year)

3/22/91

Amount of Each
Receipt this Period

500.00

Occupation

attorney

Aggregate Year to Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

Frank S. Farina
1238 Brightwaters Blvd. N.E.
St. Petersburg, FL 33704

Receipt For Primary

Other (specify)

General

Name of Employer

self-employed

Date (month,
day, year)

1/28/91

Amount of Each
Receipt this Period

330.00

Occupation

chiropractor

Aggregate Year to Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

Frank S. Farina
1238 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

Receipt For Primary

Other (specify)

General

Name of Employer

self-employed

Date (month,
day, year)

5/09/91

Amount of Each
Receipt this Period

330.00

Occupation

chiropractor

Aggregate Year to Date \$

660.00

G. Full Name, Mailing Address and ZIP Code

Charles D. Burnett
12395 75th Street, N.
Largo, FL 33543

Receipt For Primary

Other (specify)

General

Name of Employer

self-employed

Date (month,
day, year)

5/29/91

Amount of Each
Receipt this Period

500.00

Occupation

developer

Aggregate Year to Date \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

91030070457

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 4
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John A. Porter
1124 N. Lakeshore Drive
Sarasota, FL 34231

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

500.00

B. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

250.00

C. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

10.00

D. Full Name, Mailing Address and ZIP Code

William P. Edwards
547 1st Street, S.
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

10.00

E. Full Name, Mailing Address and ZIP Code

Jeffrey R. Fuller
6591 Burning Tree Drive
Seminole, FL 34647

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

240.00

F. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

240.00

G. Full Name, Mailing Address and ZIP Code

C. Creashull Harrison
1004 Sixth Street
Marianna, FL 32446

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

40.00

H. Full Name, Mailing Address and ZIP Code

Harriett G. Harris
1990 El Paso
Bartow, FL 33830

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

320.00

I. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa FL, 33592

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

7/22/91

Amount of Each
Disbursement This Period

240.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 20 OF 59
FOR LINE NUMBER 11a

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NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code
W. B. Babcock, Jr.
3142 Secret Woods Trail W.
Jacksonville, FL 32216Name of Employer
Kinco, Inc.Date (month,
day, year)
9/05/89Amount of Each
Receipt this Period
330.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
credit manager
Aggregate Year-to-Date > \$ 330.00B. Full Name, Mailing Address and ZIP Code
Jimmy T. Petronis
3144 N. Kings Drive
Panama City, FL 32405Name of Employer
Capt Anderson Rest.Date (month,
day, year)
9/11/89Amount of Each
Receipt this Period
330.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
chef
Aggregate Year-to-Date > \$ 330.00C. Full Name, Mailing Address and ZIP Code
Daniel B. Pope, M.D.
316 77th Street, N.W.
Bradenton, FL 34209Name of Employer
self-employedDate (month,
day, year)
10/10/89Amount of Each
Receipt this Period
250.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
physician
Aggregate Year-to-Date > \$ 250.00D. Full Name, Mailing Address and ZIP Code
Roger C. Haddix
3182 Wood Valley Road
Panama City, FL 32405Name of Employer
Panama City PoliceDate (month,
day, year)
9/11/89Amount of Each
Receipt this Period
330.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
police chief
Aggregate Year-to-Date > \$ 330.00E. Full Name, Mailing Address and ZIP Code
Sheila M. McDewitt
3211 Swann Avenue, #201
Tampa, FL 33609Name of Employer
TECO Energy, Inc.Date (month,
day, year)
9/08/89Amount of Each
Receipt this Period
330.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
corp. counsel
Aggregate Year-to-Date > \$ 330.00F. Full Name, Mailing Address and ZIP Code
E. R. Preston, Jr.
3251 Green Dolphin Lane
Naples, FL 33940Name of Employer
Naples Printing Co.Date (month,
day, year)
11/03/89Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
businessman
Aggregate Year-to-Date > \$ 1,000.00G. Full Name, Mailing Address and ZIP Code
Thomas A. Owens, Jr.
329 Rockhill Court
Marco Island, FL 33937Name of Employer
TAO ConsultingDate (month,
day, year)
10/05/89Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Salary ☐ General
☐ Other (specify):Occupation
consultant
Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Inventory Page

PAGE

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110

FOR LINE NUMBER

118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940 6250 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Naples Printing Co. Occupation: <u>businessman</u> Aggregate Year to Date: \$	4/01/92	1,000.00
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Naples Printing Co. Occupation: <u>businessman</u> Aggregate Year to Date: \$	5/21/92	(750.00) redesignated
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Naples Printing Co. Occupation: <u>businessman</u> Aggregate Year to Date: \$	5/21/92	750.00 redesignated
Donald Forte 3291 Green Dolphin Lane Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a Occupation: <u>retired</u> Aggregate Year to Date: \$	1/17/92	250.00
Stanley W. Hole 3303 Gin Lane Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed Occupation: <u>civil engineer</u> Aggregate Year to Date: \$	1/27/92	300.00
Jean Ann Cone 3315 Lykes Avenue Tampa, FL 33609 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a Occupation: <u>none</u> Aggregate Year to Date: \$	6/08/92	330.00
Jean Ann Cone 3315 Lykes Avenue Tampa, FL 33609 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a Occupation: <u>none</u> Aggregate Year to Date: \$	6/29/92	(330.00) redesignated

SUBTOTAL of Receipts This Page (separate)

TOTAL This Period (last page this line number only)

94030975349

9 2 0 2 0 1 7 0

Attachment # 66C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

July 27, 1992

88-28/31

PAY TO THE
ORDER OF

E.R. Preston, Jr.

\$ 250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
Bank of America Office 1836
201 West Main Street
Tampa, Florida 33601

⑈003398⑈ ⑆063100264⑆ 400870393⑈

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

DELUXE - FORM 8VCPS V-8

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

94030975350

920001010109

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 36
2 9
FORM LINE NUMBER
208

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 (to Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dawilda N. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Jack Rugelmen P. O. Box 30130 Pensacola, FL 32503	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eugene C. Pigg, Jr. 410 North Ride Tallahassee, FL 32303	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Florence Hicks Alexander 110 Amberwood Court Longwood, FL 32779	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use only one receipt for each contribution.
 For contributions to the
 General Fund, check the box below.
 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount (Total Receipt This Period)
Jose Pepe Fanjul 316 Royal Poinciana Plaza Palm Beach, FL 33480 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Osceola Farms Occupation: OBO Aggregate Year to Date: \$	3/09/92	1,000.00
Alfonso Fanjul 316 Royal Poinciana Way Palm Beach, FL 33480 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	information requested Occupation: information requested Aggregate Year to Date: \$	4/16/92	1,000.00
C. Full Name, Mailing Address and ZIP Code Joseph H. Champ 318 Via Linda Palm Beach, FL 33480 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: n/a Occupation: Investments Aggregate Year to Date: \$	3/09/92	500.00
D. Full Name, Mailing Address and ZIP Code Sheila M. McDavitt 3211 Swann Avenue, #201 Tampa, FL 33609 \$320 refunded 7/27/92 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: TECO Energy, Inc. Occupation: corp. counsel Aggregate Year to Date: \$	3/17/92	130.00
E. Full Name, Mailing Address and ZIP Code Stephen E. Brandon 3225 Aviation Avenue, 6th Floor Miami, FL 33133 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Brandon Co. Occupation: real estate dev. Aggregate Year to Date: \$	3/06/92	500.00
F. Full Name, Mailing Address and ZIP Code John R. Baker 3228 S.W. Martin Downs Blvd. Palm City, FL 34990 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Martin Bassmer Prop Occupation: general manager Aggregate Year to Date: \$	1/13/92	800.00
G. Full Name, Mailing Address and ZIP Code E. M. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Naples Printing Co. Occupation: businessman Aggregate Year to Date: \$	1/27/92	250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975352

C70

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 18 OF 45
FOR LINE NUMBER 118

Any information reported 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 contributors.

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code E. Robert Langley, Jr. 3733 University Blvd. W., Suite 208 Jacksonville, FL 32217 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Langley Co. Occupation Investments Aggregate Year-to-Date > \$	Date (month, day, year) 1/28/91	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Vernon E. Crossall 3750 Galt Ocean Drive, Apt. 11006 Ft. Lauderdale, FL 33308 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$	Date (month, day, year) 2/14/91	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Donald S. Fendergrass 3820 Hopkins Street Pensacola, FL 32505 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Precision Machining Occupation vice-president Aggregate Year-to-Date > \$	Date (month, day, year) 1/14/91	Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd. Stuart, FL 34996 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$	Date (month, day, year) 3/05/91	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Eleanor D. Cosgrove 3900 Gordon Dr. Naples, FL 33940 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$	Date (month, day, year) 2/28/91	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Douglas K. Alborn 40 Country Road, South Village of Colf, FL 33436 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$	Date (month, day, year) 5/23/91	Amount of Each Receipt this Period 900.00
G. Full Name, Mailing Address and ZIP Code R. J. Fleming 4080 Dunwoody Drive Pensacola, FL 32503 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Shell, Fleming, et al Occupation attorney Aggregate Year-to-Date > \$	Date (month, day, year) 1/02/91	Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

910070472
24030975353

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 49 110
FOR LINE NUMBER 11a

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 transmitting any message, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas K. Raborn 40 Country Road, South Village of Golf, FL 33436 \$100 refunded 2/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	2/25/92	\$100.00
Occupation		information requested	
Aggregate Year to Date		\$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aristides Martinez 401 Miracle Mile, Suite 302 Coral Gables, FL 33134 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	4/08/92	\$100.00
Occupation		information requested	
Aggregate Year to Date		\$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Soran 403 Meadowlark Drive Sarasota, FL 34236 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	4/20/92	500.00
Occupation		information requested	
Aggregate Year to Date		\$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	n/a	3/03/92	200.00
Occupation		housewife	
Aggregate Year to Date		\$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	3/03/92	200.00
Occupation		housewife	
Aggregate Year to Date		\$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nevin C. Pancholy, M.D. 4045 Priory Circle Tampa, FL 33624 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	6/22/92	250.00
Occupation		physician	
Aggregate Year to Date		\$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REX BROWN WOOD 4051 Gulf Shore Blvd., N. Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	1/16/92	250.00
Occupation		retired	
Aggregate Year to Date		\$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page show line number only)

94030975354

11079

9 2 0 2 0 1 7 0 1 7

Attachment # 67C

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1888

TAMPA, FLORIDA 33601-1888

July 27, 1992

10-10/131

PAY TO THE
ORDER OF

Douglas K. Raborn

\$ 100.00

ONE HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
Bank Park Office 1992
201 West Main Street
Tampa, Florida 33602

⑆003400⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM DVCP-S V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$100.00

94030975355

90000173191

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 9
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dawilda W. Harris 4961 Joswood Drive Sanibel, FL 33957	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Jack Rygalman P. O. Box 30130 Pensacola, FL 32503	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald S. Pendergrass 3820 Hopkins Street Pensacola, FL 32505	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglas K. Reborn 40 Country Road, South Village of Golf, FL 33436	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. C. Allen 621 North Calhoun Tallahassee, FL 32301	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. R. Preston, Jr. 3251 Green Dolphin Lane Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Thom Rumberger P. O. Box 1873 Orlando, FL 32802	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bryane C. Figg, Jr. 410 North Ride Tallahassee, FL 32303	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. Florence Hicks Alexander 110 Amberwood Court Longwood, FL 32779	contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975356

SCHEDULE A

ITEMIZED RECEIPTS

Use separate subcategory
for each category of the
Detailed Summary PagePAGE 31 OF 45
FOR LINE NUMBER 118

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Alfred S. Austin
4617 San Miguel
Tampa, FL 33629

Name of Employer

The Austin Companies

Date (month,
day, year)

2/11/91

Amount of Each
Receipt this Period

330.00

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

Occupation

Developer

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

Beverly A. Austin
4617 San Miguel
Tampa, FL 33629

Name of Employer

N/A

Date (month,
day, year)

2/11/91

Amount of Each
Receipt this Period

330.00

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

Occupation

housekeeper

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

2/07/91

Amount of Each
Receipt this Period

400.00

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

Occupation

direct mail

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

Van L. McNeal
4816 Culbreth Iales Road
Tampa, FL 33629
\$130 refund 7/22/91

Name of Employer

McNeal International

Date (month,
day, year)

4/08/91

Amount of Each
Receipt this Period

400.00

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

Occupation

executive

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Allen W. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month,
day, year)

4/23/91

Amount of Each
Receipt this Period

250.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Allen W. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month,
day, year)

5/23/91

Amount of Each
Receipt this Period

100.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

350.00

G. Full Name, Mailing Address and ZIP Code

William P. Harris
4961 Joswood Drive
Sanibel, FL 33957

Name of Employer

N/A

Date (month,
day, year)

5/20/91

Amount of Each
Receipt this Period

1,000.00

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

Occupation

vacation

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

EMPLOYEE RECEIPTS

43 78

FOR LINE NUMBER
118

DETAILS OF CONTRIBUTION

A. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Name of Employer

N/A

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

100.00

B. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Name of Employer

N/A

Occupation

retired

Aggregate Year-to-Date > \$

Date (month, day, year)

12/03/91

Amount of Each Receipt this Period

100.00

C. Full Name, Mailing Address and ZIP Code

A. Doro Davis
4861 Ortega Blvd.
Jacksonville, FL 32210

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Name of Employer

Winn-Dixie Stores

Occupation

information requested

Aggregate Year-to-Date > \$

Date (month, day, year)

12/17/91

Amount of Each Receipt this Period

1,000.00

D. Full Name, Mailing Address and ZIP Code

Allen H. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Receipt For: ☒ Primary ☐ General☐ Other Specify:

Name of Employer

Reeves Motorcars

Occupation

car dealer

Aggregate Year-to-Date > \$

Date (month, day, year)

10/11/91

Amount of Each Receipt this Period

250.00

E. Full Name, Mailing Address and ZIP Code

Allen H. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Receipt For: ☒ Primary ☐ General☐ Other Specify:

Name of Employer

Reeves Motorcars

Occupation

car dealer

Aggregate Year-to-Date > \$

Date (month, day, year)

11/19/91

Amount of Each Receipt this Period

100.00

F. Full Name, Mailing Address and ZIP Code

Robert E. Sullivan
430 N.W. 1st Avenue
Indianapolis, FL 32903
quarantined

Receipt For: ☒ Primary ☐ General☐ Other Specify:

Name of Employer

Harris Corp.

Occupation

Sr. vice-president

Aggregate Year-to-Date > \$

Date (month, day, year)

12/23/91

Amount of Each Receipt this Period

50.00

G. Full Name, Mailing Address and ZIP Code

quarantined through
Harris FISC
Haitiouna, FL 32919

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page and line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Robert E. Brooker
485 Village Place
Longwood, FL 32779

Name of Employer

n/a

Date (month, day, year)

12/04/92

Amount of Each Receipt (this Period)

25

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date

\$

250.00

B. Full Name, Mailing Address and ZIP Code

William Gregory Margerum
4890 Cedar Hammock Court, S.E.
Ft. Myers, FL 33905

Name of Employer

Mark V Distributors

Date (month, day, year)

10/29/92

Amount of Each Receipt (this Period)

75

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

general manager

Aggregate Year to Date

\$

325.00

C. Full Name, Mailing Address and ZIP Code

Chunilal P. Shah
4918 St. Croix Drive
Tampa, FL 33629

Name of Employer

information requested

Date (month, day, year)

11/23/92

Amount of Each Receipt (this Period)

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year to Date

\$

250.00

D. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603
\$100 refund 1/22/93

Name of Employer

Reeves Motorcars

Date (month, day, year)

7/28/92

Amount of Each Receipt (this Period)

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

car dealer

Aggregate Year to Date

\$

250.00

E. Full Name, Mailing Address and ZIP Code

Kathleen M. Vijayanagar
4953 Bay Way Drive
Tampa, FL 33629

Name of Employer

information requested

Date (month, day, year)

11/23/92

Amount of Each Receipt (this Period)

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year to Date

\$

750.00

F. Full Name, Mailing Address and ZIP Code

Richard Frank
500 S. Buena Vista
Burbank, CA 91521

Name of Employer

information requested

Date (month, day, year)

7/09/92

Amount of Each Receipt (this Period)

1,000.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year to Date

\$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Joseph Shapiro
500 S. Buena Vista Street
Burbank, CA 91521

Name of Employer

information requested

Date (month, day, year)

7/09/92

Amount of Each Receipt (this Period)

1,000.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

information requested

Aggregate Year to Date

\$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1635

3653

JANUARY 22 1993

63-26703-1

**PAY TO THE
ORDER OF**

Allen N. Reeves

100.00

ONE HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, N.A.
Hyde Park Office 000
601 West Platt Street
Tampa, Florida 33606

#003653# 10631002641 400870393#

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

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 8
FOR LINE NO. 20aAny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions
purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Carl W. Lantz, II, M.D.
2411 N. Halifax
Daytona Beach, FL 32018

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

Walter Loebenberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

340.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

100.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

John W. Schmitz
3750 NW 87th Ave., #600
Miami, FL 33178

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

25.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

Steven L. Scott
508 N. Rainbow Drive
Hollywood, FL 33021

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

200.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Peter M. Sidell
6918 Old Whiskey Creek Dr.
Ft. Myers, FL 33919

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

525.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

Rudy E. Small
6607 Ridgewood Drive
Naples, FL 33963

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

100.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

250.00

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

George M. Steinbrenner, III
2502 Rocky Point Road
Tampa, FL 33607

Purpose of Disbursement

contribution refund

Date (month

day year)

1/22/93

Amount

Disbursement This Period

800.00

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
246 331
FOR LINE NUMBER
118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309753620

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 247 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month,
day, year)

3/18/93

Amount of Each
Receipt this Period

100.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Allen N. Reeves
4922 Chariton Ave.
Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month,
day, year)

5/12/93

Amount of Each
Receipt this Period

250.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Mikell Reid, M.D.
220 N. Westmonte Drive, Suite C
Altamonte Springs, FL 32714

Name of Employer

self-employed

Date (month,
day, year)

6/28/93

Amount of Each
Receipt this Period

250.00

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

Occupation

physician

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

Charles R. Resnick
information requested

Name of Employer

information requested

Date (month,
day, year)

6/28/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
6101 Dartmoor Court
Orlando, FL 32819

Name of Employer

n/a

Date (month,
day, year)

4/01/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,500.00

F. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
6101 Dartmoor Court
Orlando, FL 32819

Name of Employer

n/a

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,500.00

G. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
6101 Dartmoor Court
Orlando, FL 32819

Name of Employer

n/a

Date (month,
day, year)

5/17/93

Amount of Each
Receipt this Period(500.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

1,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

249,308,070,367

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

 Page 1 of 1
 19 1 98
 FOR LINE 11A
 11A

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NICK

A. Full Name, Mailing Address and ZIP Code

 Robert B. O'Brien, Jr.
 2423 W. Ocean Blvd.
 Gulfstream, FL 33483

Name of Employer

information requested

Date (month, day, year)

4/19/89

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > 8

250.00

B. Full Name, Mailing Address and ZIP Code

 Barbara A. Hafflebauer
 25 N. Causeway Drive
 Ft. Pierce, FL 34946

Name of Employer

information requested

Date (month, day, year)

1/20/89

Amount of Each Receipt this Period

250.00

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > 8

250.00

C. Full Name, Mailing Address and ZIP Code

 David L. Hafflebauer
 25 North Causeway
 Ft. Pierce, FL 34946

Name of Employer

Oak Park Investments

Date (month, day, year)

6/13/89

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > 8

250.00

D. Full Name, Mailing Address and ZIP Code

 Morris A. Rowe
 250 S. Sykes Creek Hwy., #501-B
 Merritt Island, FL 32952

Name of Employer

American Bank/South

Date (month, day, year)

4/21/89

Amount of Each Receipt this Period

50.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

banker

Aggregate Year-to-Date > 8

300.00

E. Full Name, Mailing Address and ZIP Code

 Morris A. Rowe
 250 S. Sykes Creek Hwy., #501-B
 Merritt Island, FL 32952

Name of Employer

American Bank/South

Date (month, day, year)

6/22/89

Amount of Each Receipt this Period

250.00

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

banker

Aggregate Year-to-Date > 8

300.00

F. Full Name, Mailing Address and ZIP Code

 Beverly F. White
 251 Jungo Road
 Palm Beach, FL 33480

Name of Employer

n/a

Date (month, day, year)

6/30/89

Amount of Each Receipt this Period

900.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

housewife

Aggregate Year-to-Date > 8

900.00

G. Full Name, Mailing Address and ZIP Code

 James O. Ovington
 251 Rippling Lane
 Winter Park, FL 32789

Name of Employer

information requested

Date (month, day, year)

6/07/89

Amount of Each Receipt this Period

250.00

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > 8

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with line number only)

ITEMIZED RECEIPTS

Page 26 of 59
FOR LINE INVOICE # 118

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

HOUSE OF REPRESENTATIVES in Full

FRIENDS OF CONNIE BLACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Rebate (the Period)
Michael R. Van Buzel 25 Second Street, N., Suite 300 St. Petersburg, FL	Bay Plaza Companies	8/02/89	330.00

Payment For: ☒ Salary ☐ General ☐ Real Estate
 Other Expense: ☐ Aggregate Fee-to-Cost: 8 130 00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris A. Rowe 250 S. Sylvas Creek Hwy., #501-B Merritt Island, FL 32952	American Bank/South	11/28/89	400.00

☐ Periodic ☒ Quarterly ☐ General
☐ Other (specify): ☐

Classification: banker
 Aggregate Year-to-Date: \$ 700.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Invoiced, day, year	Amount of Each Receipt for Period
Luis R. Nola 2509 Castilla Isle Ft. Lauderdale, FL 33301	DMC Corp.	7/06/89	500.00

Remittance For <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>president</u> Approximate Year-to-Date \$ <u>500.00</u>
--	---

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evelyn K. Guiton 25188 Marion Ave., #1002 Punta Gorda, FL 33950	n/a	10/11/89	1,000.00

Receipt For	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	Occupation	
Other (specify):			housewife	
			Aggregate Year-to-Date	\$ 1,000.00

Full Name, Mailing Address and ZIP Code J. Everitt Drew 2523 Pine Ridge Drive Tallahassee, FL 32308	Name of Employer FL Financial Property	Date (month, day, year) 9/05/89	Amount of Each Receipt this Period 330.00
--	---	--	--

Receipt For ☒ Primary ☐ General

Occupation president

Agreement Year and Date 8 3-22-88

F. Full Name, Mailing Address and ZIP Code Michael W. Sheffey 253 N. Orlando Avenue Orlando, FL	Name of Employer Security Natl Corp	Date (month, day, year) 8/29/89	Amount of Each Payment for Period 330.00
--	--	--	---

Receipt For ☒ Primary ☐ General
 Other (specify) _____
 Occupation banker
 Address, Year to Date _____ 1966 24

G. Full Name, Mailing Address and ZIP Code H. Terrell Griffin 255 S. Orange Avenue, Suite 1550 Orlando, FL 32801	Name of Employer Griffin & Linder, PA	Date (month, day, year) 7/06/89	Amount of Each Receipt this Period 500.00
---	--	--	--

Record For	Primary	<input checked="" type="checkbox"/> General	Occupation attorney
Other (specify)			Address (specify)

SUBTOTAL of Review This Page (optional)

TOTAL This Period (next page this Box number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate receipts for each category of the Detailed Information Page

1 27
FORM LINE NUMBER
11a

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 any other purpose, 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 NACK

A. Full Name, Mailing Address and ZIP Code

Charles E. Plankey
100 Paradise Harbour Blvd., #103
North Palm Beach, FL 33408

Name of Employer

n/a

Date (month, day, year)

10/05/90

Amount of Each Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year-to-Date \$

250.00

B. Full Name, Mailing Address and ZIP Code

John Tiedtke
1000 Holt Avenue
Winter Park, FL 32789

Name of Employer

self-employed

Date (month, day, year)

11/26/90

Amount of Each Receipt this Period

110.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

agriculture

Aggregate Year-to-Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

Gregory J. Orcutt
101 E. Kennedy Blvd., Suite 1870
Tampa, FL 33602

Name of Employer

Anderson & Orcutt

Date (month, day, year)

8/21/90

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926

Name of Employer

American Bank/South

Date (month, day, year)

8/06/90

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

banker

Aggregate Year-to-Date \$

850.00

E. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926

Name of Employer

American Bank/South

Date (month, day, year)

11/05/90

Amount of Each Receipt this Period

50.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

banker

Aggregate Year-to-Date \$

850.00

F. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926

Name of Employer

American Bank/South

Date (month, day, year)

12/03/90

Amount of Each Receipt this Period

100.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

banker

Aggregate Year-to-Date \$

850.00

G. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926

Name of Employer

American Bank/South

Date (month, day, year)

12/03/90

Amount of Each Receipt this Period

300.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

banker

Aggregate Year-to-Date \$

850.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITINERARY PAGE

This category of the
Detailed Summary PageFOR LINE NUMBER R
118

Any information stated here must be true and correct. It may not be used by any person for the purpose of obtaining contributions or for commercial purposes. It may also be used for the purpose of any gathering, including to obtain contributions from such gathering.

NAME OF CONTRIBUTOR TO THIS

NAME OF CONTRIBUTOR TO THIS

Full Name, Mailing Address and ZIP Code A. A. Hagan 101 S. Calhoun Ave., Apt. 6-2 Sarasota, FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 8/17/92	Amount of Each Receipt this Period 85.00
Full Name, Mailing Address and ZIP Code Jean Harrison 30301 S.W. 56th Avenue Miami, FL 33196 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer n/a Occupation housewife Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 7/15/92	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address and ZIP Code L. C. Penley 1030 S. Ocean Blvd. Miralapan, FL 33463 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 7/07/92	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address and ZIP Code L. C. Penley 1030 S. Ocean Blvd. Miralapan, FL 33463 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer n/a Occupation retired Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 10/16/92	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address and ZIP Code Tom L. Humberger 1024 S.E. Fourth Street Ft. Lauderdale, FL 33301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Templeton Instl. Occupation investment counselor Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 9/11/92	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address and ZIP Code Willie Ray Jr. 1037 Pine Ridge Circle Brandon, FL 33511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/03/92	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address and ZIP Code Mark A. Hagan 1030 Gray Road Cocoa, FL 32936 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer American Bank/South Occupation driver Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 7/23/92	Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (fill page this line number only)			

94030975367

9300021595

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE 6	9
FOR LINE NUMBER 20a		

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

NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Leslie L. Chisholm, Jr., M.D. 2808 W. Buffalo Tampa, FL 33607	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 490.00
B. Full Name, Mailing Address and ZIP Code Lillian Worth 949 Tomas Ct. Orlando, FL 32825	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/05/92	Amount of Each Disbursement This Period 75.00
C. Full Name, Mailing Address and ZIP Code Louis C. Leady, Jr. P. O. Box 711 Orlando, FL 32802	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Lorena Jacob P. O. Box 428 Mingo, FL 33550	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 800.00
E. Full Name, Mailing Address and ZIP Code Lucie B. Bostick 9 Brogden Court, S.E. Winter Haven, FL 33880	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Martha W. Hard 115 Lanford Road Piedmont, CA 94611	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00
G. Full Name, Mailing Address and ZIP Code Michael J. Petrina 100 Royal Palm Way Palm Beach, FL 33480	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
H. Full Name, Mailing Address and ZIP Code Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code Morris A. Rowe 1030 Gray Road Cocoa, FL 32926	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/92	Amount of Each Disbursement This Period 180.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975368

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 5 110
FOR LINE NUMBER 118

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Donna R. Bailey
10205 U.S. 301, South
Riverview, FL 33569Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month,
day, year)

6/22/92

Amount of Each
Receipt this Period

250.00

Occupation

information requested

Aggregate Year to Date

350.00

B. Full Name, Mailing Address and ZIP Code

James S. Braumick
10220 S.W. 60th Avenue
Miami, FL 33156Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month,
day, year)

4/16/92

Amount of Each
Receipt this Period

1,000.00

Occupation

attorney

Aggregate Year to Date

1,000.00

C. Full Name, Mailing Address and ZIP Code

Helen J. Crittenden
1023 Pinar Drive
Orlando, FL 32825Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month,
day, year)

1/27/92

Amount of Each
Receipt this Period

1,000.00

Occupation

information requested

Aggregate Year to Date

1,000.00

D. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

American Bank/South

Date (month,
day, year)

1/31/92

Amount of Each
Receipt this Period

500.00

Occupation

banker

Aggregate Year to Date

900.00

E. Full Name, Mailing Address and ZIP Code

Morris A. Rowe
1030 Gray Road
Cocoa, FL 32926
\$200 refunded 7/27/92Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

American Bank/South

Date (month,
day, year)

3/04/92

Amount of Each
Receipt this Period

400.00

Occupation

banker

Aggregate Year to Date

900.00

F. Full Name, Mailing Address and ZIP Code

James T. Barnes, Jr.
1031 W. Mass Blvd., Suite 300
Winter Park, FL 32789Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Midland Mortgage

Date (month,
day, year)

6/10/92

Amount of Each
Receipt this Period

333.00

Occupation

banker

Aggregate Year to Date

333.00

G. Full Name, Mailing Address and ZIP Code

James T. Barnes, Jr.
1031 W. Mass Blvd., Suite 300
Winter Park, FL 32789Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Midland Mortgage

Date (month,
day, year)

6/29/92

Amount of Each
Receipt this Period(333.00)
redesignated

Occupation

banker

Aggregate Year to Date

333.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9 2 0 2 0 1 7 0 2

Attachment #69G

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

July 27, 1992

FD-20/631

PAY TO THE
ORDER OF

Morris A. Rowe

\$ 200.00

TWO HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDA
First Florida Bank, S.A.
Member FDIC, Equal Housing Lender
201 N. 1st St., Suite 1000
Tampa, Florida 33604

⑆003426⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF TERMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT REQUIRED

DELUXE - FORM BVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$200.00

94030975370

The amounts indicated on this page are for the purpose of the Detailed Summary Page

Page 25 of 91
 PER L. 118
 118

This page is for use by the taxpayer and the taxpayer's agent only. It is not to be used by any person for the purpose of obtaining a refund or for any other purpose. The amounts indicated on this page are for the purpose of the Detailed Summary Page.

LIST OF EMPLOYERS

A. Full Name, Mailing Address and ZIP Code Barbara A. Austin 4617 San Miguel Tampa, FL 33620	Name of Employer W/A	Date (month, day, year) 4/30/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation housewife	Aggregate Year-to-Date > \$ 330.00	
B. Full Name, Mailing Address and ZIP Code Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	Name of Employer self-employed	Date (month, day, year) 2/21/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation direct mail	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Daniel H. Lyons 4666 Croyton Road Naples, FL 33940	Name of Employer self-employed	Date (month, day, year) 1/09/90	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation economist	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308	Name of Employer self-employed	Date (month, day, year) 2/09/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation cardiologist	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code James E. Perry, M.D. 4800 NE 20th Terrace Ft. Lauderdale, FL 33308	Name of Employer self-employed	Date (month, day, year) 2/14/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation neurologist	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code David M. Mann 4804 Bayview Lane Tamarac, FL 33329 chg of address	Name of Employer Aptek Technologies	Date (month, day, year) 1/05/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation president	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code James M. Durkin 4810 Velasquez Place Pensacola, FL 32504	Name of Employer FL. Comm. Svc. Corp.	Date (month, day, year) 1/14/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	Occupation developer	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

90020141756

9403097537

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Disputed Taxable Page
 16 27
 113

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

David H. Rush
 4804 Banyan Lane
 Tamarac, FL 33319

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Aptek Technologies

Date (month, day, year)
 11/28/90

Amount of Each Receipt This Period
 400.00

Occupation

president

Aggregate Year-to-Date \$

800.00

B. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
 4822 Ocean Blvd., Apt. 5-C
 Sarasota, FL 34242

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month, day, year)
 10/03/90

Amount of Each Receipt This Period
 100.00

Occupation

retired

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
 4822 Ocean Blvd., Apt. 5-C
 Sarasota, FL 34242

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month, day, year)
 10/19/90

Amount of Each Receipt This Period
 50.00

Occupation

retired

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Phillip Levitz
 491 Arvida Parkway
 Coral Gables, FL 33156

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month, day, year)
 10/01/90

Amount of Each Receipt This Period
 250.00

Occupation

retired

Aggregate Year-to-Date \$

250.00

E. Full Name, Mailing Address and ZIP Code

A. D. Davis
 5050 Edgewood Court
 Jacksonville, FL 32205

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Winn-Dixie

Date (month, day, year)
 11/30/90

Amount of Each Receipt This Period
 400.00

Occupation

EXEC. vice-president

Aggregate Year-to-Date \$

800.00

F. Full Name, Mailing Address and ZIP Code

R. M. Roy
 5050 N. Tamiami Trail
 Sarasota, FL 34234

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Golden Buddha Rest.

Date (month, day, year)
 7/24/90

Amount of Each Receipt This Period
 125.00

Occupation

OWNER

Aggregate Year-to-Date \$

250.00

G. Full Name, Mailing Address and ZIP Code

Marilyn J. Guardabassi
 910 Lido Drive
 Ft. Lauderdale, FL 33301

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month, day, year)
 7/27/90

Amount of Each Receipt This Period
 400.00

Occupation

homemaker

Aggregate Year-to-Date \$

400.00

SUBTOTAL of Receipts This Page (amount)

TOTAL This Period (see page 10 for number entry)

94030975372

1574

C 1 0 0 0 0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Currency Page

PAGE 57
FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan M. Paradise 4717 Jett Road Atlanta, GA 30327 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	information requested Occupation information requested Aggregate Year-to-Date \$ 500.00	2/06/92	400.00
Zachariah P. Zachariah, M.D. 4725 N. Federal Highway Ft. Lauderdale, FL 33308 \$200 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	self-employed Occupation cardiologist Aggregate Year-to-Date \$ 400.00	5/26/92	400.00
Carl L. Shipley 475 Calleen Drive Naples, FL 33940 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	n/a Occupation retired Aggregate Year-to-Date \$ 250.00	1/23/92	250.00
David H. Rush 4804 Banyan Lane Tamarac, FL 33319 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Aptek Technologies Occupation president Aggregate Year-to-Date \$ 650.00	2/27/92	250.00
David H. Rush 4804 Banyan Lane Tamarac, FL 33319 \$450 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	Aptek Technologies Occupation president Aggregate Year-to-Date \$ 650.00	3/18/92	400.00
Betty Jane Hater 4814 Oulbreath Isles Road Tampa, FL 33629 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	n/a Occupation none Aggregate Year-to-Date \$ 250.00	2/06/92	250.00
Van L. McNeel 4816 Oulbreath Isles Road Tampa, FL 33629 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____	McNeel International Occupation executive Aggregate Year-to-Date \$ 400.00	4/16/92	400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975373

173007

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
 P. O. BOX 1835
 TAMPA, FLORIDA 33601-1835

July 27, 1992

10-26/92

PAY TO THE
ORDER OF

David H. Rush

\$ 450.00

FOUR HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDA
 Bank Building South, S. 4
 Main Floor, 1000 - 1000
 401 - 1000, First Street
 Tampa, Florida 33602



⑈003401⑈ ⑈063100264⑈ 400870393⑈

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS A PAYMENT TO ITEMS DESCRIBED BELOW
 IF NOT CORRECT PLEASE NOTIFY US IMMEDIATELY. NO REFUND DESERT

DELUXE - FORM BVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$450.00

940309753744

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 9
 FOR LINE NUMBER 20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code A. Carlton Sutphin 9098 Old Frederick Road Ellicott City, MD 21043	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 125.00
B. Full Name, Mailing Address and ZIP Code A. Gary Walsingham 14520 Front Beach Road Panama City Beach, FL 32413	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
C. Full Name, Mailing Address and ZIP Code Betsey Freiburger 2999 Date Palm Road Boca Raton, FL 33432	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
D. Full Name, Mailing Address and ZIP Code Bill Watkins P. O. Box 1738 Atlanta, GA 30301	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Carl H. Pforzheimer, Jr. 3884 S.E. Old St. Lucie Blvd Stuart, FL 34996	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 150.00
F. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Turban Ct., SPV Ft. Myers, FL 33908	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code Charles Lauer P. O. Box 8604 Deerfield Beach, FL 33441	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code David L. Brooks 6556 Ridgewood Dr. Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code David H. Rush 700 N.W. 12th Avenue Deerfield Beach, FL 33442	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

25-50
 If you are filing the
 Standard Form 1041

53 1 7A
 FOR LINE NUMBER
 11B

The information on this form is for the purpose of reporting contributions to the purpose of reporting contributions or for commercial purposes, and is not to be used for any other purpose.

NAME OF CONTRIBUTOR (in full)

NAME OF CONTRIBUTOR

A. Full Name, Mailing Address and ZIP Code

David M. Nash
 700 N.W. 12th Avenue
 Deerfield Beach, FL 33442

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer

Aptek Technologies

Date (month, day, year)

8/12/92

Amount of Each Receipt this Period

100.00

Occupation

president

Aggregate Year-to-Date > \$

750.00

B. Full Name, Mailing Address and ZIP Code

David M. Nash
 700 N.W. 12th Avenue
 Deerfield Beach, FL 33442

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer

Aptek Technologies

Date (month, day, year)

8/19/92

Amount of Each Receipt this Period

450.00

Occupation

president

Aggregate Year-to-Date > \$

750.00

C. Full Name, Mailing Address and ZIP Code

Harold Rance, Jr., M.D.
 7000 N.W. Fourth Street, Suite 301
 Plantation, FL 33317

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer

self-employed

Date (month, day, year)

7/07/92

Amount of Each Receipt this Period

250.00

Occupation

physician

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

James D. Norton
 7130 Estero Blvd.
 Ft. Myers Beach, FL 33931

Receipt For: ☐ Primary ☒ General
☐ Other Specify:

Name of Employer

James Norton & Assoc.

Date (month, day, year)

11/04/92

Amount of Each Receipt this Period

150.00

Occupation

investment counselor

Aggregate Year-to-Date > \$

950.00

E. Full Name, Mailing Address and ZIP Code

Foster L. Bullard, Jr., M.D.
 72 Cypress Point Drive
 Naples, FL 33943

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer

self-employed

Date (month, day, year)

9/23/92

Amount of Each Receipt this Period

50.00

Occupation

physician

Aggregate Year-to-Date > \$

300.00

F. Full Name, Mailing Address and ZIP Code

Nobel M. Green
 723 E. Ocala Avenue
 Lake Wales, FL 33853

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Name of Employer

n/a

Date (month, day, year)

10/19/92

Amount of Each Receipt this Period

52.00

Occupation

housewife

Aggregate Year-to-Date > \$

277.00

G. Full Name, Mailing Address and ZIP Code

Nobel M. Green
 723 E. Ocala Avenue
 Lake Wales, FL 33853

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Name of Employer

n/a

Date (month, day, year)

12/14/92

Amount of Each Receipt this Period

50.00

Occupation

housewife

Aggregate Year-to-Date > \$

277.00

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (last page this line number only)

24030275376

9100021646

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 70G

Use separate schedule for each category of the Detailed Summary Page

PAGE 258 OF 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

Name of Employer

Aptek Technologies

Date (month, day, year)

1/25/93

Amount of Each Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

450.00

B. Full Name, Mailing Address and ZIP Code

David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

Name of Employer

Aptek Technologies

Date (month, day, year)

2/09/93

Amount of Each Receipt this Period

(400.00)
redesignated

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

450.00

C. Full Name, Mailing Address and ZIP Code

David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

Name of Employer

Aptek Technologies

Date (month, day, year)

2/09/93

Amount of Each Receipt this Period

400.00
redesignated

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

450.00

D. Full Name, Mailing Address and ZIP Code

David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

Name of Employer

Aptek Technologies

Date (month, day, year)

4/30/93

Amount of Each Receipt this Period

50.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

450.00

E. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month, day, year)

1/22/93

Amount of Each Receipt this Period

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

insurance

Aggregate Year-to-Date > \$

800.00

F. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month, day, year)

2/08/93

Amount of Each Receipt this Period

(400.00)
redesignated

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

insurance

Aggregate Year-to-Date > \$

800.00

G. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month, day, year)

2/08/93

Amount of Each Receipt this Period

400.00
redesignated

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

insurance

Aggregate Year-to-Date > \$

800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309753772
9300070382

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Page 44 of 8

11A

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 HACK

A. Full Name, Mailing Address and ZIP Code Said Ismail Hakky 8457 Merrimoor Blvd., East Largo, FL 34647 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Bay Pines Med Center Date (month, day, year) 5/31/89 Amount of Each Receipt This Period 250.00 Occupation surgeon Aggregate Year-to-Date \$ 250.00
B. Full Name, Mailing Address and ZIP Code Floyse T. Manley 8535 S. Tropical Trail Merritt Island, FL 32952 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer information requested Date (month, day, year) 6/28/89 Amount of Each Receipt This Period 250.00 Occupation information requested Aggregate Year-to-Date \$ 250.00
C. Full Name, Mailing Address and ZIP Code Stanley A. Brandimore 8573 42nd Ave. N. St. Petersburg, FL 33709 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Fl. Progress Corp. Date (month, day, year) 4/26/89 Amount of Each Receipt This Period 330.00 Occupation executive/attorney Aggregate Year-to-Date \$ 330.00
D. Full Name, Mailing Address and ZIP Code Meredith Mallory, III 8700 Crownhill, Suite 601 San Antonio, TX 78209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Date (month, day, year) 4/17/89 Amount of Each Receipt This Period 250.00 Occupation investments Aggregate Year-to-Date \$ 250.00
E. Full Name, Mailing Address and ZIP Code Jim Russakis 8801 Indrio Road Ft. Pierce, FL 34951 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Date (month, day, year) 2/21/89 Amount of Each Receipt This Period 250.00 Occupation citrus Aggregate Year-to-Date \$ 250.00
F. Full Name, Mailing Address and ZIP Code H. Wayne Huizenga 901 E. Las Olas Blvd. Ft. Lauderdale, FL 33301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Huizenga Holdings Date (month, day, year) 3/06/89 Amount of Each Receipt This Period 250.00 Occupation executive Aggregate Year-to-Date \$ 250.00
G. Full Name, Mailing Address and ZIP Code A. Carlton Sutphin 9098 Old Frederick Road Ellicott City, MD 21043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Braden Sutphin, Inc. Date (month, day, year) 1/12/89 Amount of Each Receipt This Period 1,000.00 Occupation president Aggregate Year-to-Date \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975378

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePage 37 of 51
Form 1120-SS 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Robert S. Liebskind, M.D. 80 Isla Bahia Dr. Ft. Lauderdale, FL 33316 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Date (month, day, year) 3/09/90 Amount of Each Receipt This Period 400.00 Occupation physician Aggregate Year-to-Date \$ 400.00
B. Full Name, Mailing Address and ZIP Code Robert T. Sutton 817 E. Washington Street Tampa, FL 33602 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Media General Date (month, day, year) 5/30/90 Amount of Each Receipt This Period 330.00 Occupation president and ceo Aggregate Year-to-Date \$ 330.00
C. Full Name, Mailing Address and ZIP Code Gregg D. Thomas 821 S. Willow Avenue Tampa, FL 33606 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Holland and Knight Date (month, day, year) 2/14/90 Amount of Each Receipt This Period 400.00 Occupation attorney Aggregate Year-to-Date \$ 400.00
D. Full Name, Mailing Address and ZIP Code Eddie L. Mills 839 Ninth Street, North St. Petersburg, FL 33701 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Mills-Anderson Opt. Date (month, day, year) 4/03/90 Amount of Each Receipt This Period 330.00 Occupation optician Aggregate Year-to-Date \$ 330.00
E. Full Name, Mailing Address and ZIP Code Mark Truitt 8600 Delmar Lane Shames Mission, KS 66207 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Natl Seminars, Inc. Date (month, day, year) 6/19/90 Amount of Each Receipt This Period 375.00 Occupation education Aggregate Year-to-Date \$ 375.00
F. Full Name, Mailing Address and ZIP Code Mark C. Sanford 8647 Brylaine Road, Suite 303 Jacksonville, FL 32216 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Transmark USA, Inc. Date (month, day, year) 2/12/90 Amount of Each Receipt This Period 400.00 Occupation executive Aggregate Year-to-Date \$ 400.00
G. Full Name, Mailing Address and ZIP Code Jim Kinnead 8801 Indrio Road Ft. Pierce, FL 34951 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Date (month, day, year) 5/31/90 Amount of Each Receipt This Period 400.00 Occupation citrus Aggregate Year-to-Date \$ 400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page and line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Donated Summary Page

PAGE 33 OF 48
FOR LINE NUMBER 118

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

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Gavin H. Watson, Jr.
8617 Bay Ridge Blvd.
Orlando, FL 32819Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

G. H. Watson & Co.

Occupation

information requested
Aggregate Year-to-Date > \$

Date (month, day, year)

1/08/91

Amount of Each Receipt this Period

500.00

B. Full Name, Mailing Address and ZIP Code

Gavin H. Watson, Jr.
8617 Bay Ridge Blvd.
Orlando, FL 32819Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

G. H. Watson & Co.

Occupation

information requested
Aggregate Year-to-Date > \$

Date (month, day, year)

4/22/91

Amount of Each Receipt this Period

500.00

C. Full Name, Mailing Address and ZIP Code

Elizabeth M. Sembler
8698 Maidstone Court
Largo, FL 34647Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Occupation

information requested
Aggregate Year-to-Date > \$

Date (month, day, year)

2/14/91

Amount of Each Receipt this Period

250.00

D. Full Name, Mailing Address and ZIP Code

Jim Rossetti
8801 Indrio Road
Ft. Pierce, FL 34951
\$50 refund 7/22/91Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

citrus

Aggregate Year-to-Date > \$

Date (month, day, year)

2/01/91

Amount of Each Receipt this Period

400.00

E. Full Name, Mailing Address and ZIP Code

Joseph W. Harlock
8817 Burning Tree Road
Pensacola, FL 32514Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

H & A Woodworking

Occupation

president

Aggregate Year-to-Date > \$

Date (month, day, year)

4/15/91

Amount of Each Receipt this Period

500.00

F. Full Name, Mailing Address and ZIP Code

K. Nick Bostick
9 Brogden Ct., S.E.
Winter Rev., FL 33880Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Abernethy Trucking

Occupation

executive

Aggregate Year-to-Date > \$

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

330.00

G. Full Name, Mailing Address and ZIP Code

M. Wayne Williams
901 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Haisenga Holdings

Occupation

executive

Aggregate Year-to-Date > \$

Date (month, day, year)

1/24/91

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 83 OF 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Alshay Demei
8498 Tallahassee Drive, N.E.
St. Petersburg, FL 33702Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Date (month, day, year)

6/29/92

Amount of Each Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date \$

250.00

B. Full Name, Mailing Address and ZIP Code

Gavin H. Watson, Jr.
8617 Bay Ridge Blvd.
Orlando, FL 32819Receipt For ☐ Primary ☒ General
Other (specify):

Name of Employer

G. H. Watson & Co.

Date (month, day, year)

1/17/92

Amount of Each Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date \$

250.00

C. Full Name, Mailing Address and ZIP Code

Ravindra R. Patel, M.D.
8617 Leighton Drive
Tampa, FL 33614Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

4/29/92

Amount of Each Receipt this Period

500.00

Occupation

surgeon

Aggregate Year-to-Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Jim Ruseakis
8801 Indrio Road
Ft. Pierce, FL 34951
\$400 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

self-employed

Date (month, day, year)

3/06/92

Amount of Each Receipt this Period

400.00

Occupation

citrus

Aggregate Year-to-Date \$

400.00

E. Full Name, Mailing Address and ZIP Code

Jorge L. DeCaspades
8900 S.W. 102nd Terrace
Miami, FL 33176Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

information requested

Date (month, day, year)

4/08/92

Amount of Each Receipt this Period

500.00

Occupation

information requested

Aggregate Year-to-Date \$

500.00

F. Full Name, Mailing Address and ZIP Code

William A. Baldwin
8934 S.W. 81st Terrace
Miami, FL 33173Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

PharMed Group

Date (month, day, year)

4/08/92

Amount of Each Receipt this Period

500.00

Occupation

medical sales

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Linda B. Bosstick
9 Brogden Court, S.E.
Winter Haven, FL 33880
\$320 refunded 7/27/92Receipt For ☒ Primary ☐ General
Other (specify):

Name of Employer

n/a

Date (month, day, year)

6/17/92

Amount of Each Receipt this Period

320.00

Occupation

housewife

Aggregate Year-to-Date \$

320.00

SUBTOTAL of Receipts This Page (signpost)

TOTAL This Period (see page one line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1836

TAMPA, FLORIDA 33601-1836

3403

July 27, 1992

65-26/631

PAY TO THE
ORDER OF

Jim Russakis

\$ 400.00

FOUR HUNDRED AND NO/100

DOLLARS

**FIRST
FLORIDA**First Florida Bank, S.A.
Attn: P.O. Box 500
221 West Palm Street
Tampa, Florida 33606

#003403# 1:063100264: 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF FUND DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY - NO RECEIPT DESIRED

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$400.00

94030975382

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 3
FORM LINE NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
B. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
C. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 423.00
D. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
E. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 25.00
F. Full Name, Mailing Address and ZIP Code Jay Schenck 4161 John Young Parkway Orlando, FL 32804	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 295.00
I. Full Name, Mailing Address and ZIP Code Jim Ruseakis 8801 Indrio Road Ft. Pierce, FL 34951	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 71G

Use space
for each category of the
Detailed Summary Page

259 J J I
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

5/27/93

Amount of Each
Receipt this Period

400.00

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

Occupation

insurance

Aggregate Year-to-Date > \$ 800.00

B. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

(400.00)
redesignated

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

Occupation

insurance

Aggregate Year-to-Date > \$ 800.00

C. Full Name, Mailing Address and ZIP Code

Don Rushing
P. O. Box 711
Pensacola, FL 32593

Name of Employer

Fisher Brown, Inc.

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

400.00
redesignated

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

Occupation

insurance

Aggregate Year-to-Date > \$ 800.00

D. Full Name, Mailing Address and ZIP Code

Jim Russakis
8801 Indrio Road
Ft. Pierce, FL 34951

Name of Employer

self-employed

Date (month,
day, year)

2/01/93

Amount of Each
Receipt this Period

400.00

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

Occupation

citrus

Aggregate Year-to-Date > \$ 400.00

E. Full Name, Mailing Address and ZIP Code

Jim Russakis
8801 Indrio Road
Ft. Pierce, FL 34951

Name of Employer

self-employed

Date (month,
day, year)

3/10/93

Amount of Each
Receipt this Period

(400.00)
redesignated

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

Occupation

citrus

Aggregate Year-to-Date > \$ 400.00

F. Full Name, Mailing Address and ZIP Code

Jim Russakis
8801 Indrio Road
Ft. Pierce, FL 34951

Name of Employer

self-employed

Date (month,
day, year)

3/10/93

Amount of Each
Receipt this Period

400.00
redesignated

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

Occupation

citrus

Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code

Muriel Russell
One Palm Bay Court, Apt. 11N
Miami, FL 33138

Name of Employer

n/a

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

none

Aggregate Year-to-Date > \$ 2,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 17 OF 58
FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HICK

A. Full Name, Mailing Address and ZIP Code

Merry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704

Name of Employer

self-employed

Date (month,
day, year)

6/13/89

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

John A. Pistor
221 Polynasia Ct.
Marco Island, FL 33937

Name of Employer

Collier County

Date (month,
day, year)

5/31/89

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

county commissioner

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Tim L. Watkins
2213 Fisher Island Drive
Fisher Island, FL 33109

Name of Employer

information requested

Date (month,
day, year)

2/17/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Eduardo Arencibia
2222 N.W. 195th Street
Miami, FL 33005

Name of Employer

businessman

Date (month,
day, year)

4/03/89

Amount of Each
Receipt this Period

1,000.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Tom Slade
2245 N. Main Street
Jacksonville, FL 32206

Name of Employer

Dozier and Gay

Date (month,
day, year)

4/27/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

paint manufacturer

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

John H. Latham
2266 W. Orchard Way
Naples, FL 33940

Name of Employer

n/a

Date (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

250.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Luis M. Llanos
2280 Bruner Lane
Ft. Myers, FL 33908

Name of Employer

Luis M. Llanos & Conc.

Date (month,
day, year)

3/17/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

The amount allocated
for each category of the
Detailed Summary PagePage 9 of 51
FOR LINE 11a

This form is to be completed by the donor and the recipient. It is to be used for the purpose of reporting contributions to the recipient for the purpose of the election of the recipient to the office of the recipient. It is to be used for the purpose of reporting contributions to the recipient for the purpose of the election of the recipient to the office of the recipient.

NAME OF CONTRIBUTOR

Full Name, Mailing Address and ZIP Code A. Forthill Hays, Jr. 200 Cambridge Avenue Lakeland, FL 33800	Name of Employer Holland & Knight	Date (month, day, year) 4/02/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation attorney	Aggregate Year-to-Date > 8	330.00
Full Name, Mailing Address and ZIP Code B. Paul F. Tamm, M.D. 2118 Aaron St. Fort Charlotte, FL 33902	Name of Employer Peth Services, Inc.	Date (month, day, year) 3/12/90	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation physician	Aggregate Year-to-Date > 8	490.00
Full Name, Mailing Address and ZIP Code C. Clarence E. Knecht 212 Northcliff Drive Gulf Breeze, FL 32561	Name of Employer N/A	Date (month, day, year) 1/22/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > 8	400.00
Full Name, Mailing Address and ZIP Code D. Hollis Hayward 215 S. Marco Street, Suite 130 Tallahassee, FL 32301	Name of Employer self-employed	Date (month, day, year) 5/25/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation attorney	Aggregate Year-to-Date > 8	400.00
Full Name, Mailing Address and ZIP Code E. Harry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704	Name of Employer self-employed	Date (month, day, year) 4/30/90	Amount of Each Receipt this Period 330.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation investor	Aggregate Year-to-Date > 8	330.00
Full Name, Mailing Address and ZIP Code F. M. Scott Wilson 2231 N.E. 17th Court Ft. Lauderdale, FL 33305	Name of Employer Causeway Lumber Co.	Date (month, day, year) 2/21/90	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation president	Aggregate Year-to-Date > 8	400.00
Full Name, Mailing Address and ZIP Code G. R. A. Litchfield 2248 N-3 Gulf Shore Blvd. Naples, FL 33940	Name of Employer N/A	Date (month, day, year) 2/27/90	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation retired	Aggregate Year-to-Date > 8	250.00

SUBTOTAL of Receipts This Page (Include)

TOTAL This Period (All pages this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page 67
48
FOR LINE NUMBER 11a

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 NACK

A. Full Name, Mailing Address and ZIP Code

Stuart L. Scheraga
210 Wells Road
Palm Beach, FL 33480

Name of Employer

Bio-Aqua Equities

Date (month, day, year)

4/15/91

Amount of Each Receipt this Period

500.00

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

Occupation

CEO

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

C. Packhill Mays, Jr.
2109 Cambridge Avenue
Lakeland, FL 33803

Name of Employer

Holland & Knight

Date (month, day, year)

5/23/91

Amount of Each Receipt this Period

330.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

William P. Edwards
213 1st Street, North
St. Petersburg, FL 33701
\$50 refund 7/22/91

Name of Employer

self-employed

Date (month, day, year)

2/08/91

Amount of Each Receipt this Period

400.00

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

Occupation

property management

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

James Detmanson
215 W. Federal Highway, Suite 1
Boca Raton, FL 33432

Name of Employer

information requested

Date (month, day, year)

4/23/91

Amount of Each Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Edward Mack, Jr.
2130 Centerview Court, N.
Clearwater, FL 32619

Name of Employer

King Engineering

Date (month, day, year)

1/02/91

Amount of Each Receipt this Period

330.00

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

Occupation

consulting eng.

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Richard M. Fairbanks
22 E. Snapper Point
Key Largo, FL 33037

Name of Employer

Fairbanks Comm., Inc.

Date (month, day, year)

2/14/91

Amount of Each Receipt this Period

500.00

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

Occupation

broadcasting

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Mark Snyder
220 Rafael Blvd.
St. Petersburg, FL 33704

Name of Employer

self-employed

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

330.00

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

Occupation

LIVESTOCK

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (next page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePage 2 of 110
FOR THE NUMBER
11a

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 other commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ronald G. Amef
21095 Hamlin Drive
Boca Raton, FL 33433

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Sensormatic Elec.

Date (month,
day, year)

4/22/92

Amount of Each
Receipt this Period

250.00

Occupation

president

Aggregate Year-to-Date - \$

350.00

B. Full Name, Mailing Address and ZIP Code

William G. Pace
2136 21st Court, S.
Naples, FL 33940
\$250 refunded 7/27/92

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month,
day, year)

1/21/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date - \$

250.00

C. Full Name, Mailing Address and ZIP Code

Mad L. Siegal
2151 W. Hillboro Blvd., Suite 300
Deerfield Beach, FL 33442

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Siegal School Org.

Date (month,
day, year)

3/02/92

Amount of Each
Receipt this Period

500.00

Occupation

president

Aggregate Year-to-Date - \$

500.00

D. Full Name, Mailing Address and ZIP Code

Richard M. Fairbanks
22 E. Snapper Point
Key Largo, FL 33037
\$150 refunded 7/27/92

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Fairbanks Comm., Inc.

Date (month,
day, year)

4/10/92

Amount of Each
Receipt this Period

500.00

Occupation

broadcasting

Aggregate Year-to-Date - \$

500.00

E. Full Name, Mailing Address and ZIP Code

Arthur I. Appleton
22 Indian Creek Island
Miami Beach, FL 33154

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month,
day, year)

2/11/92

Amount of Each
Receipt this Period

250.00

Occupation

retired

Aggregate Year-to-Date - \$

450.00

F. Full Name, Mailing Address and ZIP Code

Arthur I. Appleton
22 Indian Creek Island
Miami Beach, FL 33154

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

200.00

Occupation

retired

Aggregate Year-to-Date - \$

450.00

G. Full Name, Mailing Address and ZIP Code

Henry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704
\$320 refunded 7/27/92

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

3/17/92

Amount of Each
Receipt this Period

330.00

Occupation

investor

Aggregate Year-to-Date - \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

July 27, 1992

88-28/621

PAY TO THE
ORDER OF

Henry Saylor

\$ 320.00

THREE HUNDRED TWENTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, N.A.
Bank of America Building
201 West Park Street
Tampa, Florida 33601

⑆003404⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM SVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$320.00

9403097538

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

FOR LINE NUMBER

208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred L. MacLeod P. O. Box 5683 Orlando, FL 32805	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Robert Becker 5154 Hanover Lane Lakeland, FL 33813	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	290.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George T. Edwards, M.D. 2824 NE 38th St. Ft. Lauderdale, FL 33308	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George W. Harris, Jr. 1990 El Paso Bartow, FL 33830	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harry Saylor 220 Rafael Blvd. St. Petersburg, FL 33704	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	320.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Herbert E. Ehlers 3 Harborside Belleair, FL 34616	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	450.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hyman Lake 7388 Chancery Lane Orlando, FL 32809	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	220.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hy Solomon 2200 N. Dixie Highway Hollywood, FL 33020	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 264 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

J. Charles Sawyer
7916 Quailwood Drive
Jacksonville, FL 32256

Name of Employer

Computer Energy, Inc.

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period(1,000.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

800.00

B. Full Name, Mailing Address and ZIP Code

J. Charles Sawyer
7916 Quailwood Drive
Jacksonville, FL 32256

Name of Employer

Computer Energy, Inc.

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period(200.00)
reattributedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

800.00

C. Full Name, Mailing Address and ZIP Code

Joanne S. Sawyer
7916 Quailwood Drive
Jacksonville, FL 32256

Name of Employer

information requested

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period200.00
reattributedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

200.00

D. Full Name, Mailing Address and ZIP Code

J. Charles Sawyer
7916 Quailwood Drive
Jacksonville, FL 32256

Name of Employer

Computer Energy, Inc.

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period1,000.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

800.00

E. Full Name, Mailing Address and ZIP Code

Harry M. Sawyer, Jr.
P. O. Box 32052
Lakeland, FL 33802

Name of Employer

Holland and Knight

Date (month,
day, year)

5/06/93

Amount of Each
Receipt this Period

250.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Henry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704

Name of Employer

self-employed

Date (month,
day, year)

3/22/93

Amount of Each
Receipt this Period

330.00

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

Occupation

investor

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

Henry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 265 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Harry Saylor
220 Rafael Blvd.
St. Petersburg, FL 33704

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

David Schaecter
P. O. Box 4863
Hialeah, FL 33014

Name of Employer

information requested

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

window parts mfg.

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Jay Schenck
4161 John Young Parkway
Orlando, FL 32804

Name of Employer

Schenck Co.

Date (month,
day, year)

4/07/93

Amount of Each
Receipt this Period

500.00

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

Occupation

chairman

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Jay Schenck
4161 John Young Parkway
Orlando, FL 32804

Name of Employer

Schenck Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period(500.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

chairman

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Jay Schenck
4161 John Young Parkway
Orlando, FL 32804

Name of Employer

Schenck Co.

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period500.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

chairman

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

William E. Scheu
4333 Venetia Blvd.
Jacksonville, FL 32210

Name of Employer

Ulmer, Murchinson

Date (month,
day, year)

6/10/93

Amount of Each
Receipt this Period

250.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Gerold L. Schiebler, M.D.
2115 N.W. 15th Avenue
Gainesville, FL 32605

Name of Employer

Univ. of Florida

Date (month,
day, year)

2/22/93

Amount of Each
Receipt this Period

100.00

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

Occupation

physician

Aggregate Year-to-Date > \$

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309753929

ITEMIZED RECEIPTS

**The magazine consistently
in each category of the
Greatest Technology Page**

PAGE 35 OF 59
FBI LABORATORY
114

Any information received from such donors and businesses 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 contributors.

Section 10: Generalized Anxiety Disorder

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Schenck 803 Cidco Road Orono, FL 32936		Schenck Co.	12/05/89	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: president Aggregate Year-to-Date: > 8		
B. Full Name, Mailing Address and ZIP Code Julius E. Pierce 6040 Moss Ranch Road Miami, FL 33156		self-employed	10/16/89	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: line grower Aggregate Year-to-Date: > 8		
C. Full Name, Mailing Address and ZIP Code William S. Otto, M.D. 805 N.W. 10th Court Boca Raton, FL 33432		information requested	8/28/89	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: information requested Aggregate Year-to-Date: > 8		
D. Full Name, Mailing Address and ZIP Code James H. Thompson 605 S. Boulevard Tampa, FL 33606		self-employed	8/25/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: attorney Aggregate Year-to-Date: > 8		
E. Full Name, Mailing Address and ZIP Code J. Carey Gleason 610 Parkside Place Indian Harbor Beach, FL 32937		Coy Clark & Co.	11/28/89	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: real estate Aggregate Year-to-Date: > 8		
F. Full Name, Mailing Address and ZIP Code A. G. Johnson, Jr. 613 Smoker's Blvd. Longwood, FL 32779		First Union	7/20/89	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: banker Aggregate Year-to-Date: > 8		
G. Full Name, Mailing Address and ZIP Code Kilison R. McCordless 6142 Bayou Grande Blvd., N.E. St. Petersburg, FL 33703		self-employed	7/28/89	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: building contractor Aggregate Year-to-Date: > 8		

SUBTOTAL of Receipts This Page (continued)

TOTAL This Period Run past the last number entry

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 18 of 27
FOR LINE NUMBER 11a

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NAME OF COMMITTEE In Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Jay Schenck
603 Cidco Road
Cocoa, FL 32926

Name of Employer

Schenck Co.

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

70.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

president

Aggregate Year-to-Date

400.00

B. Full Name, Mailing Address and ZIP Code

Jay Schenck
603 Cidco Road
Cocoa, FL 32926

Name of Employer

Schenck Co.

Date (month,
day, year)

11/30/90

Amount of Each
Receipt this Period

330.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

president

Aggregate Year-to-Date

400.00

C. Full Name, Mailing Address and ZIP Code

James H. Thompson
605 S. Boulevard
Tampa, FL 33606

Name of Employer

self-employed

Date (month,
day, year)

7/11/90

Amount of Each
Receipt this Period

340.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

attorney

Aggregate Year-to-Date

670.00

D. Full Name, Mailing Address and ZIP Code

Charles H. Reynolds
6101 Dertmoor Court
Orlando, FL 32819

Name of Employer

information requested

Date (month,
day, year)

10/25/90

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

information requested

Aggregate Year-to-Date

250.00

E. Full Name, Mailing Address and ZIP Code

E. A. Nisnicht, II
6148 San Jose Blvd., West
Jacksonville, FL 32217

Name of Employer

Nisnicht Chevrolet

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

auto dealer

Aggregate Year-to-Date

800.00

F. Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301

Name of Employer

self-employed

Date (month,
day, year)

12/03/90

Amount of Each
Receipt this Period

330.00

Receipt For

☐ Primary☒ General

Other (specify):

Occupation

real estate

Aggregate Year-to-Date

330.00

G. Full Name, Mailing Address and ZIP Code

Derrick L. Brewster
648 Poinsetta Dr.
Belleair, FL 34616

Name of Employer

n/a

Date (month,
day, year)

10/24/90

Amount of Each
Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify):

Occupation

retired

Aggregate Year-to-Date

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 51 110
FORM LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Schenck 4161 John Young Parkway Orlando, FL 32804 \$50 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Schenck Co. Occupation: chairman Aggregate Year to Date: \$	1/27/92	250.00
B. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 4175 S.E. 24th Terrace Ocala, FL 32671 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer: n/a Occupation: homemaker Aggregate Year to Date: \$	2/04/92	100.00
C. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 4175 S.E. 24th Terrace Ocala, FL 32671 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer: n/a Occupation: homemaker Aggregate Year to Date: \$	4/01/92	100.00
D. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 4175 S.E. 24th Terrace Ocala, FL 32671 \$450 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer: n/a Occupation: homemaker Aggregate Year to Date: \$	6/03/92	500.00
E. Full Name, Mailing Address and ZIP Code James J. Maris, Jr. 419 Citation Drive Cantonment, FL 32533 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer: Martine's Corp. Occupation: executive Aggregate Year to Date: \$	3/10/92	400.00
F. Full Name, Mailing Address and ZIP Code James J. Maris, Jr. 419 Citation Drive Cantonment, FL 32533 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Name of Employer: Martine's Corp. Occupation: executive Aggregate Year to Date: \$	4/07/92	(200.00) redesignated
G. Full Name, Mailing Address and ZIP Code James J. Maris, Jr. 419 Citation Drive Cantonment, FL 32533 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Name of Employer: Martine's Corp. Occupation: executive Aggregate Year to Date: \$	4/07/92	200.00 redesignated

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 74D

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 270 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Miles B. Scofield
3584 Exchange Avenue
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

6/15/93

Amount of Each
Receipt this Period100.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date > \$

950.00

B. Full Name, Mailing Address and ZIP Code

Miles B. Scofield
3584 Exchange Avenue
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

6/20/93

Amount of Each
Receipt this Period(100.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date > \$

950.00

C. Full Name, Mailing Address and ZIP Code

Miles B. Scofield
3584 Exchange Avenue
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

6/28/93

Amount of Each
Receipt this Period100.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date > \$

950.00

D. Full Name, Mailing Address and ZIP Code

Kirk A. Scoggins
1901 Brookline Avenue
Tampa, FL 33629

Name of Employer

TeamStaff Companies

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Jack L. Scott
1725 Memorial Park Drive
Jacksonville, FL 32204

Name of Employer

Scott-McKee Auto.

Date (month,
day, year)

5/06/93

Amount of Each
Receipt this Period

750.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date > \$

750.00

F. Full Name, Mailing Address and ZIP Code

Daniel Seckinger, M.D.
5215 S.W. 92nd Street
Miami, FL 33156

Name of Employer

self-employed

Date (month,
day, year)

3/10/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Melvin M. Seek
4565 S.W. Seventh Avenue
Ocala, FL 34474

Name of Employer

self-employed

Date (month,
day, year)

6/03/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheet(s) for each category of the Detailed Receipts Page

Page 27 of 31
FOR LINE NUMBER 11a

Any information printed from such figures and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, and for using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE TO WHOM RECEIPTS ARE FOR
SENATORS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code

Tom McGhee
505 Lancaster St., Apt. 6-B
Jacksonville, FL 32204
(received 7/90)

Name of Employer

Mac Papers

Date (month, day, year)

2/21/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

800.00

B. Full Name, Mailing Address and ZIP Code

A. D. Davis
5050 Sigmond Court
Jacksonville, FL 32205

Name of Employer

Winn-Dixie

Date (month, day, year)

2/16/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

exec. vice-president

Aggregate Year-to-Date > \$

400.00

C. Full Name, Mailing Address and ZIP Code

Steven L. Scott
508 North Rainbow Drive
Hollywood, FL 33021

Name of Employer

Scott Motors, Inc.

Date (month, day, year)

2/21/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

auto dealer

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

James G. Loudernilk
51 Star Lake Drive
Pensacola, FL 32507

Name of Employer

information requested

Date (month, day, year)

1/24/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

R. Bradford Fyle, M.D.
5120 Bayou Blvd., Suite 5
Pensacola, FL 32504

Name of Employer

self-employed

Date (month, day, year)

1/16/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

400.00

F. Full Name, Mailing Address and ZIP Code

Phillip G. Spiegel, M.D.
5121 San Jose Street
Tampa, FL 33629

Name of Employer

U.S.F. Medical Clinic

Date (month, day, year)

6/22/90

Amount of Each Receipt this Period

250.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

physician

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

Fry/Ramond/Barr
514 Palmer Street
Orlando, FL 32801

Name of Employer

Fry/Ramond/Barr

Date (month, day, year)

4/30/90

Amount of Each Receipt this Period

400.00

Receipt For:

☒ Salary☐ General☐ Other (specify):

Occupation

advertising

Aggregate Year-to-Date > \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

RECEIVED

FEDERAL BUREAU OF INVESTIGATION

FEDERAL BUREAU OF INVESTIGATION

43 75
FOR LINE NUMBER
318

Any information furnished by you and your employer is being furnished to the Federal Bureau of Investigation for the purpose of conducting an investigation or for statistical purposes only. It is not to be used for any other purpose without your written consent.

UNITED STATES OF AMERICA

FEDERAL BUREAU OF INVESTIGATION

A. Full Name, Mailing Address and ZIP Code

Stephen C. Hale, Jr.
500 Indian Harbor Road
Vero Beach, FL 32963

Name of Employer

Hale Groves

Date (month, day, year)

11/14/91

Amount of Each
Receipt (this Period)

50.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

owner

Aggregate Year-to-Date > \$

350.00

B. Full Name, Mailing Address and ZIP Code

J. E. Carter, Jr.
3000 Pinewood Avenue
Jacksonville, FL 32223

Name of Employer

information requested

Date (month, day, year)

10/28/91

Amount of Each
Receipt (this Period)

1,000.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Alan Kierulff
9012 San Miguel
Tampa, FL 33629

Name of Employer

Pearl Ship Building

Date (month, day, year)

11/04/91

Amount of Each
Receipt (this Period)

250.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

president

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

Robert H. Gynor
5041 Robertson Lane
Ft. Myers, FL 33919

Name of Employer

self-employed

Date (month, day, year)

11/12/91

Amount of Each
Receipt (this Period)

1,000.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

consultant

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Tom McGhee
505 Lancaster St., Apt. 6-B
Jacksonville, FL 32204

Name of Employer

Mac Papers

Date (month, day, year)

10/02/91

Amount of Each
Receipt (this Period)

1,000.00

Receipt For: ☐ Primary ☒ General☐ Other Specify:

Occupation

executive

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

John H. Gooding
507 E. Th'-'J Street
Panama City, FL 32401

Name of Employer

information requested

Date (month, day, year)

8/12/91

Amount of Each
Receipt (this Period)

300.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

information requested

Aggregate Year-to-Date > \$

300.00

G. Full Name, Mailing Address and ZIP Code

Steven L. Scott
508 North Rainbow Drive
Hollywood, FL 33021

Name of Employer

Scott Motors, Inc.

Date (month, day, year)

8/08/91

Amount of Each
Receipt (this Period)

400.00

Receipt For: ☐ Primary ☐ General☐ Other Specify:

Occupation

auto dealer

Aggregate Year-to-Date > \$

400.00

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Page (this page and the attached pages)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the following numbers: Page

45

11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Dorothy D. Aycock
5057 River Point Road
Jacksonville, FL 32207

Name of Employer

N/A

Date (month, day, year)

12/21/92

Amount of Each Receipt this Period

50.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

none

Aggregate Year to Date

\$

237.00

B. Full Name, Mailing Address and ZIP Code

Steven L. Scott
508 North Rainbow Drive
Hollywood, FL 33021

Name of Employer

Scott Motors, Inc.

Date (month, day, year)

7/22/92

Amount of Each Receipt this Period

400.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

auto dealer

Aggregate Year to Date

\$

400.00

C. Full Name, Mailing Address and ZIP Code

Graciela S. McGillicuddy
5111 Ocean Blvd., Suite C
Sarasota, FL 34242

Name of Employer

N/A

Date (month, day, year)

7/02/92

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

housewife

Aggregate Year to Date

\$

500.00

D. Full Name, Mailing Address and ZIP Code

Dennis J. McGillicuddy
5111 Ocean Blvd., Suite C
Sarasota, FL 34242

Name of Employer

Coaxial Productions

Date (month, day, year)

8/07/92

Amount of Each Receipt this Period

500.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

president

Aggregate Year to Date

\$

500.00

E. Full Name, Mailing Address and ZIP Code

F. Robert Becker
5154 Hanover Lane
Lakeland, FL 33813

Name of Employer

Leisure Way, Inc.

Date (month, day, year)

8/18/92

Amount of Each Receipt this Period

290.00

Receipt For

☐ Primary☒ General

Other (specify)

Occupation

OWNER

Aggregate Year to Date

\$

330.00

F. Full Name, Mailing Address and ZIP Code

B. R. Raju, M.D.
522 Colonial Drive
Brooksville, FL 34601

Name of Employer

B. R. Raju, MD, PA

Date (month, day, year)

7/02/92

Amount of Each Receipt this Period

250.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

physician

Aggregate Year to Date

\$

350.00

G. Full Name, Mailing Address and ZIP Code

Nelson P. Korman
5311 Mayfair Court
Cape Coral, FL 33904

Name of Employer

N/A

Date (month, day, year)

7/25/92

Amount of Each Receipt this Period

50.00

Receipt For

☒ Primary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date

\$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975399

63-284831

003655 063100264 400870393

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$200.00

94030975400
93000021672

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page
 2 8
 FOR LINE NO. 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

No receipts scheduled
for each category of the
Schedule E (Form 990) Page
 28 | 45
 FOR LINE 11B IN
 11B

Any information received from such figures and taxpayers may not be sold or used by any person for the purpose of obtaining contributions or for commercial purposes, and for using the name and address of any political committee to solicit contributions from such taxpayers.

PART I RECEIPTS TO YOU

DONORS OF CONTRIBUTIONS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
B. B. Henny 6700 Spring Forest Way, N., #126 Jacksonville, FL 32217	Henny Motors, Inc.	1/08/91	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation auto dealer	Aggregate Year-to-Date 400.00	
C. Full Name, Mailing Address and ZIP Code Michael E. Coles 60 Prospect Avenue Larchmont, NY 10538	Information requested	2/13/91	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested	Aggregate Year-to-Date 1,000.00	
D. Full Name, Mailing Address and ZIP Code Peter H. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	self-employed	2/28/91	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date 250.00	
E. Full Name, Mailing Address and ZIP Code Peter H. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	self-employed	4/29/91	375.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date 625.00	
F. Full Name, Mailing Address and ZIP Code W. S. Badcock, Jr. 7 Brook Lane Lakeland, FL 33803	W. S. Badcock Corp.	1/28/91	330.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation furniture merchant	Aggregate Year-to-Date 330.00	
G. Full Name, Mailing Address and ZIP Code John W. Boyle 7 N. Pine Circle Belleair, FL 33516	Jack Eckard Corp.	2/15/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation businessman	Aggregate Year-to-Date 100.00	
H. Full Name, Mailing Address and ZIP Code John W. Boyle 7 N. Pine Circle Belleair, FL 33516	Jack Eckard Corp.	2/15/91	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation businessman	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

 82 75
 FOR LINE 11B
 11B

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

NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles F. Faddis 6701 Pensacola Blvd. Pensacola, FL 32505	Com-Land Group, Inc.	12/09/91	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: development Aggregate Year-to-Date: \$ 600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. G. McGhee, Jr. 6740-114 Epping Forest Way, N. Jacksonville, FL 32217	information requested	11/04/91	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: information requested Aggregate Year-to-Date: \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caroline L. Klein 6807 Turben Ct., Shell Point Vlg Ft. Myers, FL 33908	n/a	9/05/91	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: retired Aggregate Year-to-Date: \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter M. Sidall 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	self-employed	11/01/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: physician Aggregate Year-to-Date: \$ 725.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Butts 435 Rio Cien Drive Indialantic, FL 32903 emerford	Harris Corp.	10/21/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: vice-president Aggregate Year-to-Date: \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
earned through: FRYAS FENC Melbourne, FL 32919			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. S. Badcock, Jr. 7 Brook Lane Lakeland, FL 33803	W. S. Badcock Corp.	10/30/91	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: furniture merchant Aggregate Year-to-Date: \$ 430.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the following items: 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code William F. Eckbert, Jr., M.D. 675 Dunblane Drive Winter Park, FL 32972 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Date (month, day, year) 9/28/92 Amount of Each Receipt this Period 50.00 Occupation physician Aggregate Year to Date \$ 450.00
B. Full Name, Mailing Address and ZIP Code William F. Eckbert, Jr., M.D. 675 Dunblane Drive Winter Park, FL 32972 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Date (month, day, year) 12/11/92 Amount of Each Receipt this Period 150.00 Occupation physician Aggregate Year to Date \$ 450.00
C. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Turban Ct., Shell Point Vige Ft. Myers, FL 33908 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Date (month, day, year) 8/25/92 Amount of Each Receipt this Period 50.00 Occupation retired Aggregate Year to Date \$ 600.00
D. Full Name, Mailing Address and ZIP Code Caroline L. Klein 6807 Turban Ct., Shell Point Vige Ft. Myers, FL 33908 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Date (month, day, year) 10/19/92 Amount of Each Receipt this Period 100.00 Occupation retired Aggregate Year to Date \$ 600.00
E. Full Name, Mailing Address and ZIP Code Julio G. Rebull 6910 Talavera Street Coral Gables, FL 33146 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer JGR & Associates Date (month, day, year) 11/04/92 Amount of Each Receipt this Period 1,000.00 Occupation public relations Aggregate Year to Date \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Peter R. Sloss 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Date (month, day, year) 7/14/92 Amount of Each Receipt this Period 500.00 Occupation physician Aggregate Year to Date \$ 750.00
G. Full Name, Mailing Address and ZIP Code Peter R. Sloss 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919 \$525 refund 1/22/93 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self-employed Date (month, day, year) 10/22/92 Amount of Each Receipt this Period 250.00 Occupation physician Aggregate Year to Date \$ 750.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1835

TAMPA, FLORIDA 33601-1835

3656

January 22 1993

83-26/31

PAY TO THE
ORDER OF

Peter M. Sidell

\$ 525.00

FIVE HUNDRED TWENTY FIVE AND NO/100 ----- DOLLARS

**FIRST
FLORIDA**

First Florida Bank, N.A.
Hyde Park Office 0003
601 West Platt Street
Tampa, Florida 33606

⑆003656⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-8 V-2

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refunds	\$525.00

94030975405

19930122

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 8

FOR L. 208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Carl W. Lentz, II, M.D. 2411 N. Halifax Daytona Beach, FL 32018	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 100.00
B. Full Name, Mailing Address and ZIP Code Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 34.00
C. Full Name, Mailing Address and ZIP Code Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 100.00
D. Full Name, Mailing Address and ZIP Code John W. Schmitz 3750 NW 87th Ave., #600 Miami, FL 33178	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 25.00
E. Full Name, Mailing Address and ZIP Code Steven L. Scott 508 N. Rainbow Drive Hollywood, FL 33021	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 200.00
F. Full Name, Mailing Address and ZIP Code Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 525.00
G. Full Name, Mailing Address and ZIP Code Rudy E. Small 6607 Ridgewood Drive Naples, FL 33963	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 100.00
H. Full Name, Mailing Address and ZIP Code Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 250.00
I. Full Name, Mailing Address and ZIP Code George M. Steinbrenner, III 2502 Rocky Point Road Tampa, FL 33607	Purpose of Disbursement contribution refund Disbursement for: Primary General Other (specify):	Date (month day year) 1/22/93	Amount of Disbursement This Page 800.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

PAGE	278	331
FOR LINE NUMBER	118	

NAME OF COMMITTEE (in Full)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

The amount contributed for each category of the Standard Deduction Page

60	75
FOR LINE NUMBER 11a	

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 CONTRIBUTOR IN FULL

FRIENDS OF CONNIE BECK

A. Full Name, Mailing Address and ZIP Code

James T. Eaton
Box 26
Carpenters, FL 32533

Name of Employer

self-employed

Date (month, day, year)

10/31/91

Amount of Each Receipt this Period

250.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify: _____

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

Arthur W. Milan
Box 4080
Jacksonville, FL 32201

Name of Employer

information requested

Date (month, day, year)

11/05/91

Amount of Each Receipt this Period

500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify: _____

Occupation

information requested

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month, day, year)

10/29/91

Amount of Each Receipt this Period

200.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify: _____

Occupation

CNO

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

James E. Davis
Drawer B, West Bay Station
Jacksonville, FL 32203

Name of Employer

Winn Dixie

Date (month, day, year)

10/29/91

Amount of Each Receipt this Period

800.00

Receipt For: ☐ Primary ☒ General
☐ Other Specify: _____

Occupation

CNO

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

9/27/91

Amount of Each Receipt this Period

250.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify: _____

Occupation

retired

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

10/31/91

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify: _____

Occupation

retired

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Stephen R. Kirby
One Beach Drive, Apt. 2702
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month, day, year)

8/01/91

Amount of Each Receipt this Period

290.00

Receipt For: ☐ Primary ☒ General
☐ Other Specify: _____

Occupation

retired

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePART I
61 71
Schedule A, Form 118

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 any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE in full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Robert Pease 954 Bal Isle Drive Ft. Myers, FL 33919	Gulf Disposal, Inc.	11/12/92	75.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation businessman	Aggregate Year to Date \$ 375.00	
B. Full Name, Mailing Address and ZIP Code Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701 \$250 refund 1/22/93	n/a	10/01/92	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701	n/a	7/23/92	250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 580.00	
D. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701	n/a	7/30/92	(250.00) redesignated
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 580.00	
E. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701	n/a	7/30/92	250.00 redesignated
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired	Aggregate Year to Date \$ 580.00	
F. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Witt-Touchton Co.	8/25/92	320.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation executive	Aggregate Year to Date \$ 330.00	
G. Full Name, Mailing Address and ZIP Code Jay Kislak P. O. Box 025409 Miami, FL 33102	Kislak Mortgage Corp.	11/25/92	500.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation mortgage banker	Aggregate Year to Date \$ 1,500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

CopyPlus
(No Carbon Paper Required)
See Along Portfolios

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
P. O. BOX 1836
TAMPA, FLORIDA 33601-1836

3658

January 22 1993

63-26/31

PAY TO THE
ORDER OF

Gus A. Stavros

\$ 250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, N.A.
Hyde Park Office 600
601 West Platt Street
Tampa, Florida 33606

⑈003658⑈ ⑆063600264⑆ 400870393⑈

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM BVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$250.00

94030975410

2930200216

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page
 Page 2 of 8
 FOR LINE NO. 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9403097541

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 288 OF 331
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Justine S. Sprenger
6221 De Soto Memorial Hwy., N.W.
Bradenton, FL 34209

Name of Employer

n/a

Date (month,
day, year)

6/09/93

Amount of Each
Receipt this Period(125.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

homemaker

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Justine S. Sprenger
6221 De Soto Memorial Hwy., N.W.
Bradenton, FL 34209

Name of Employer

n/a

Date (month,
day, year)

6/09/93

Amount of Each
Receipt this Period125.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify):

Occupation

homemaker

Aggregate Year-to-Date > \$

500.00

C. Full Name, Mailing Address and ZIP Code

Jerome H. Stanek
126 Moorings Park Dr.
Naples, FL 33942

Name of Employer

n/a

Date (month,
day, year)

1/25/93

Amount of Each
Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Lisette M. Stanish
11817 S.W. 93rd Terrace
Miami, FL 33186

Name of Employer

information requested

Date (month,
day, year)

1/12/93

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

2/09/93

Amount of Each
Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > \$

750.00

F. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

2/24/93

Amount of Each
Receipt this Period

750.00

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

Occupation

retired

Aggregate Year-to-Date > \$

750.00

G. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

3/09/93

Amount of Each
Receipt this Period(750.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

750.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

24030975412
930070712

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 289 OF 331
FOR LINE NUMBER 11a

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 On Ballot

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Gus A. Stavros
One Beach Drive, #2503-4
St. Petersburg, FL 33701

Name of Employer

n/a

Date (month,
day, year)

3/09/93

Amount of Each
Receipt this Period750.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

750.00

B. Full Name, Mailing Address and ZIP Code

Robert A. Steele
3000 S. Ocean Drive, PH 2
Ft. Lauderdale, FL 33316

Name of Employer

n/a

Date (month,
day, year)

5/20/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Robert A. Steele
3000 S. Ocean Drive, PH 2
Ft. Lauderdale, FL 33316

Name of Employer

n/a

Date (month,
day, year)

6/04/93

Amount of Each
Receipt this Period(1,000.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Robert A. Steele
3000 S. Ocean Drive, PH 2
Ft. Lauderdale, FL 33316

Name of Employer

n/a

Date (month,
day, year)

6/04/93

Amount of Each
Receipt this Period1,000.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Robert L. Stein
3903 Ortega Blvd.
Jacksonville, FL 32210

Name of Employer

Atlantic Mortgage

Date (month,
day, year)

4/26/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

president

Aggregate Year-to-Date > \$

0.00

F. Full Name, Mailing Address and ZIP Code

Robert L. Stein
3903 Ortega Blvd.
Jacksonville, FL 32210

Name of Employer

Atlantic Mortgage

Date (month,
day, year)

6/15/93

Amount of Each
Receipt this Period(1,000.00)
reattributedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

0.00

G. Full Name, Mailing Address and ZIP Code

Mary C. Stein
3903 Ortega Blvd.
Jacksonville, FL 32210

Name of Employer

information requested

Date (month,
day, year)

6/15/93

Amount of Each
Receipt this Period1,000.00
reattributedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

1,000.00

93020070713

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

GENERAL A

RETURNED RECEIPTS

To receive a refund of the
amount of the
Employer's Tax

24	78
FOR LINE 24 AND 78	
118	

Any information on this form that is not true and correct may not be used by the IRS for the purpose of making adjustments or for commercial purposes, and the IRS will not be held liable for any loss or damage to the taxpayer's records or for any other loss or damage to the taxpayer's records.

NAME OF EMPLOYER

PAYMENTS OF CONTRIBUTIONS

A. Full Name, Mailing Address and ZIP Code

Marie P. Rodriguez
3430 S. Bayshore Drive
Miami, FL 33133

Name of Employer

Worldwide Corp.

Date (month, day, year)

11/18/91

Amount of Each
Receipt (this Period)

500.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

Executive

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Mary J. Hollis
250 Park Shore, #402
Naples, FL 33940

Name of Employer

N/A

Date (month, day, year)

9/24/91

Amount of Each
Receipt (this Period)

50.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date > \$

350.00

C. Full Name, Mailing Address and ZIP Code

Mary J. Hollis
250 Park Shore, #402
Naples, FL 33940

Name of Employer

N/A

Date (month, day, year)

11/04/91

Amount of Each
Receipt (this Period)

50.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

retired

Aggregate Year-to-Date > \$

350.00

D. Full Name, Mailing Address and ZIP Code

Sylvia Ulrich
2500 S.W. 75th Avenue
Miami, FL 33155

Name of Employer

Westchester Gen Hosp

Date (month, day, year)

11/04/91

Amount of Each
Receipt (this Period)

35.00

Receipt For: ☐ Primary ☐ General
☐ Other Specify:

Occupation

executive

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

Sylvia Ulrich
2500 S.W. 75th Avenue
Miami, FL 33155

Name of Employer

Westchester Gen Hosp

Date (month, day, year)

11/07/91

Amount of Each
Receipt (this Period)

25.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

executive

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code
George H. Stalderman, III
2502 Rocky Point Road
Tampa, FL 33607

Name of Employer

Mar. Ship Building

Date (month, day, year)

11/04/91

Amount of Each
Receipt (this Period)

900.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

Chairman

Aggregate Year-to-Date > \$

900.00

G. Full Name, Mailing Address and ZIP Code

John S. Stalderman
2502 Rocky Point Road
Tampa, FL 33607

Name of Employer

N/A

Date (month, day, year)

11/04/91

Amount of Each
Receipt (this Period)

900.00

Receipt For: ☒ Primary ☐ General
☐ Other Specify:

Occupation

N/A

Aggregate Year-to-Date > \$

900.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page and line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of
disposable income. Page
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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE PACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
George M. Steinbrenner, III 2502 Rocky Point Road Tampa, FL 33607 \$400 refund 1/22/93 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Amer. Ship Building Occupation: chairman Aggregate Year-to-Date: \$	9/22/92	300.00
Dr. Albert L. Rhoton, Jr. 2505 N.W. 22nd Avenue Gainesville, FL 32605 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Univ. of Florida Occupation: physician Aggregate Year-to-Date: \$	8/26/92	500.00
Dale W. Doss 2519 Woodgate Way Tallahassee, FL 32312 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Leon County Occupation: veteran svc officer Aggregate Year-to-Date: \$	12/03/92	150.00
Robert T. Shircliff 2529 Gulf Life Tower Jacksonville, FL 32207 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Shircliff & Assoc. Occupation: chairman Aggregate Year-to-Date: \$	8/10/92	100.00
Deborah A. Jacobson 2535 Lake Avenue Miami Beach, FL 33140 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation: real estate Aggregate Year-to-Date: \$	12/07/92	500.00
Marc D. Jacobson 2535 Lake Avenue Miami Beach, FL 33140 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	self-employed Occupation: real estate agent Aggregate Year-to-Date: \$	12/07/92	500.00
Deborah A. Jacobson 2535 Lake Avenue Miami Beach, FL 33140 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	self-employed Occupation: real estate Aggregate Year-to-Date: \$	12/07/92	1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (from page this line number only)

CopyPress
File Carbon Paper (Optional)
Tear Along Perforation

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1886

TAMPA, FLORIDA 33601-1886

3659

January 22, 93

83-26/101

PAY TO THE
ORDER OF

George M. Steinbrenner, III

\$ 800.00

EIGHT HUNDRED AND NO/100 ----- DOLLARS

**FIRST
FLORIDA**FIRST FLORIDA BANK, N.A.
Hyde Park Office 603
601 West Platt Street
Tampa, Florida 33606

⑆003659⑆ ⑆063100264⑆ 400870393⑆

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

DELUXE - FORM DVP-3 V-2

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

DATE	DESCRIPTION	AMOUNT
1/22/93	Contribution Refund	\$800.00

294030975416
29302000016

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 2 OF 8
 FOR LINE 20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Carl W. Lentz, II, M.D. 2411 N. Halifax Daytona Beach, FL 32018	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	30.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Walter Loebenberg 7834 9th Avenue, S. St. Petersburg, FL 33707	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	340.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Allen N. Reeves 4922 Chariton Ave. Tampa, FL 33603	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
John W. Schmitz 3750 NW 87th Ave., #600 Miami, FL 33178	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	25.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Steven L. Scott 508 N. Rainbow Drive Hollywood, FL 33021	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Peter M. Sidell 6918 Old Whiskey Creek Dr. Ft. Myers, FL 33919	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	525.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Rudy E. Small 6607 Ridgewood Drive Naples, FL 33963	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
Gus A. Stavros One Beach Drive, #2503-4 St. Petersburg, FL 33701	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day year)	Amount of Disbursement
George M. Steinbrenner, III 2502 Rocky Point Road Tampa, FL 33607	contribution refund Disbursement for: Primary General Other (specify):	1/22/93	800.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 25 OF 51

FOR FILING IN 11A

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Theresa C. LaForge 534 Augusta Blvd., E-201 Naples, FL 33962 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer information requested Date (month, day, year) 3/19/90 Amount of Each Receipt this Period 500.00 Occupation information requested Aggregate Year-to-Date \$ 500.00
B. Full Name, Mailing Address and ZIP Code Thomas T. Johnstone 547 Woshoo Road, P. O. Box 28150 Perma City, FL 32407 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Johnstone's Foods Date (month, day, year) 4/06/90 Amount of Each Receipt this Period 330.00 Occupation food service Aggregate Year-to-Date \$ 330.00
C. Full Name, Mailing Address and ZIP Code Nada. M. H. Tuttle 95 Star Lake Dr. Persecola, FL 32507 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a Date (month, day, year) 1/22/90 Amount of Each Receipt this Period 400.00 Occupation retired Aggregate Year-to-Date \$ 400.00
D. Full Name, Mailing Address and ZIP Code Michael D. Allvains 550 Sandy Hook Road Treasure Island, FL 33706 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Tew, Zincher & Barnes Date (month, day, year) 4/16/90 Amount of Each Receipt this Period 400.00 Occupation attorney Aggregate Year-to-Date \$ 400.00
E. Full Name, Mailing Address and ZIP Code Elizabeth S. Mann 5500 Escondida Blvd. S. St. Petersburg, FL 33715 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Bay Area Land Corp. Date (month, day, year) 5/11/90 Amount of Each Receipt this Period 400.00 Occupation president Aggregate Year-to-Date \$ 400.00
F. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Harris, Barnett et al Date (month, day, year) 5/11/90 Amount of Each Receipt this Period 400.00 Occupation attorney Aggregate Year-to-Date \$ 400.00
G. Full Name, Mailing Address and ZIP Code Elizabeth Hennessey 5700 Arlington, #21P Riverdale, NY 10471 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer information requested Date (month, day, year) 3/05/90 Amount of Each Receipt this Period 250.00 Occupation information requested Aggregate Year-to-Date \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 24 OF 45
FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE BACK

A. Full Name, Mailing Address and ZIP Code

John A. Brebeck, Jr.
5425 Lakes Lane
Tampa, FL 33611

Name of Employer

Peoples Gas System

Date (month, day, year)

2/08/91

Amount of Each Receipt this Period

130.00

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

Occupation

chairman

Aggregate Year-to-Date > \$

130.00

B. Full Name, Mailing Address and ZIP Code

Thomas T. Johnstone
547 Wahoo Road, P. O. Box 28150
Punta City, FL 32407

Name of Employer

Johnstone's Foods

Date (month, day, year)

2/08/91

Amount of Each Receipt this Period

130.00

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

Occupation

food service

Aggregate Year-to-Date > \$

130.00

C. Full Name, Mailing Address and ZIP Code

Maurice J. Hillmyer
5086 Solara Court, S.W.
Ft. Myers, FL 33919

Name of Employer

U. S. Home

Date (month, day, year)

4/05/91

Amount of Each Receipt this Period

250.00

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

Occupation

builder

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

Irene E. Sullivan
5639 Bayview Drive
Seminole, FL 34642

Name of Employer

Harris, Barnett et al

Date (month, day, year)

2/05/91

Amount of Each Receipt this Period

400.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Gerard Perichonnet
576 E. Rasmbling Drive
West Palm Beach, FL 33414

Name of Employer

Jerry's Caterers

Date (month, day, year)

6/11/91

Amount of Each Receipt this Period

500.00

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

Occupation

catering

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Diane S. Silberman
5896 N.W. 31st Terrace
Boca Raton, FL 33496

Name of Employer

information requested

Date (month, day, year)

4/10/91

Amount of Each Receipt this Period

400.00

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

Occupation

cancer

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

John S. Choate
60 Camarina Concourse
Coral Gables, FL 33143

Name of Employer

n/a

Date (month, day, year)

3/11/91

Amount of Each Receipt this Period

300.00

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

Occupation

POLICE

Aggregate Year-to-Date > \$

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 47 OF 75
FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Jeffrey J. O'Hara
5404 Monterey Club Court
Windermere, FL 34786

Name of Employer

Red Lobster

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

J. B. Lumpkins
5467 Pearwood Drive
Jacksonville, FL 32211

Name of Employer

n/a

Date (month, day, year)

10/02/91

Amount of Each Receipt this Period

100.00

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

Occupation

retired

Aggregate Year-to-Date > \$

315.00

C. Full Name, Mailing Address and ZIP Code

J. B. Lumpkins
5467 Pearwood Drive
Jacksonville, FL 32211

Name of Employer

n/a

Date (month, day, year)

11/07/91

Amount of Each Receipt this Period

15.00

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

Occupation

retired

Aggregate Year-to-Date > \$

315.00

D. Full Name, Mailing Address and ZIP Code

William G. Crone
555 Mooringsline Dr.
Naples, FL 33940

Name of Employer

Naples Comm. Hospital

Date (month, day, year)

10/01/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

administrator

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Linda and Robert Rosenbluth
562 S. Spoonbill Drive
Sarasota, FL 34236

Name of Employer

n/a

Date (month, day, year)

9/27/91

Amount of Each Receipt this Period

250.00

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

Occupation

homemaker

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Sidney D. Whisenick, M.D.
5627 Country Lake Drive
Sarasota, FL 34243

Name of Employer

n/a

Date (month, day, year)

9/25/91

Amount of Each Receipt this Period

500.00

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

Occupation

retired

Aggregate Year-to-Date > \$

600.00

G. Full Name, Mailing Address and ZIP Code

Irene H. Sullivan
5639 Bayview Drive
Seminole, FL 34642

Name of Employer

Harris, Barnett et al

Date (month, day, year)

11/14/91

Amount of Each Receipt this Period

50.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

550.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 65 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Richard P. Torykian 56 Arrandale Road Rockville Centre, NY 11570 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Lazard Freres & Co. Occupation investment banking Aggregate Year-to-Date \$	4/17/92	\$400.00 redesignated
Linda Rosenbluth 562 S. Spoonbill Drive Sarasota, FL 34236 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	n/a Occupation homemaker Aggregate Year-to-Date \$	6/24/92	\$500.00
Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642 \$250 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Harris, Barnett et al Occupation attorney Aggregate Year-to-Date \$	3/12/92	300.00
Nancy S. Mueller 565 Keenan Ave. Ft. Myers, FL 33919 \$100 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	self-employed Occupation real est sales Aggregate Year-to-Date \$	3/05/92	\$500.00
Joseph Colpaert 570 Conover Ct. Marco Island, FL 33937 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	self-employed Occupation comm. real estate Aggregate Year-to-Date \$	1/31/92	250.00
Henry Def. Wright 570 Wrightway Gulf Stream, FL 33444 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Schenectady Chemical Occupation OSO Aggregate Year-to-Date \$	2/11/92	100.00
Henry Def. Wright 570 Wrightway Gulf Stream, FL 33444 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Schenectady Chemical Occupation OSO Aggregate Year-to-Date \$	4/08/92	100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838

TAMPA, FLORIDA 33601-1838

July 27, 1992

88-26/101

PAY TO THE
ORDER OF

Irene H. Sullivan

250.00

TWO HUNDRED FIFTY AND NO/100

DOLLARS

FIRST
FLORIDAFirst Florida Bank, S.A.
2001 First Street, S.W.
P.O. Box 1838, Tampa, Florida 33601

#003408# ⑆063100264⑆ 400870393#

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNTDETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF DEBIT DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT REQUIRED

DELUXE - FORM DVCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$250.00

94,030975423

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4
FOR LINE NUMBER
208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	350.00
B. Full Name, Mailing Address and ZIP Code Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	423.00
D. Full Name, Mailing Address and ZIP Code James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
E. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	25.00
F. Full Name, Mailing Address and ZIP Code Jay Schenck 4161 John Young Parkway Orlando, FL 32804	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
H. Full Name, Mailing Address and ZIP Code J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	295.00
I. Full Name, Mailing Address and ZIP Code Jim Ruseakis 8801 Indrio Road Ft. Pierce, FL 34951	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 295 OF 331
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Chris T. Sullivan
550 N. Rao Street, Suite 204
Tampa, FL 33609

Name of Employer

Outback Steakhouse

Date (month,
day, year)

1/28/93

Amount of Each
Receipt this Period

100.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

restaurant owner

Aggregate Year-to-Date > \$ 600.00

B. Full Name, Mailing Address and ZIP Code

Chris T. Sullivan
550 N. Rao Street, Suite 204
Tampa, FL 33609

Name of Employer

Outback Steakhouse

Date (month,
day, year)

5/28/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

restaurant owner

Aggregate Year-to-Date > \$ 600.00

C. Full Name, Mailing Address and ZIP Code

Chris T. Sullivan
550 N. Rao Street, Suite 204
Tampa, FL 33609

Name of Employer

Outback Steakhouse

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period(75.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

restaurant owner

Aggregate Year-to-Date > \$ 600.00

D. Full Name, Mailing Address and ZIP Code

Chris T. Sullivan
550 N. Rao Street, Suite 204
Tampa, FL 33609

Name of Employer

Outback Steakhouse

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period75.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

restaurant owner

Aggregate Year-to-Date > \$ 600.00

E. Full Name, Mailing Address and ZIP Code

Irene H. Sullivan
5639 Bayview Drive
Seminole, FL 34642

Name of Employer

Harris, Barnett et al

Date (month,
day, year)

2/16/93

Amount of Each
Receipt this Period

250.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$ 650.00

F. Full Name, Mailing Address and ZIP Code

Irene H. Sullivan
5639 Bayview Drive
Seminole, FL 34642

Name of Employer

Harris, Barnett et al

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period

400.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date > \$ 650.00

G. Full Name, Mailing Address and ZIP Code

Paul N. Sullivan
2451 Brickell Avenue, #5K
Miami, FL 33129

Name of Employer

information requested

Date (month,
day, year)

6/07/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipt This Page (optional)

TOTAL This Period (last page this line number only)

94030975425
0070719

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Amy R. Connor
P. O. Box 11187
Tallahassee, FL 32308

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month, day, year)

7/13/89

Amount of Each Receipt this Period

Occupation

information requested

Aggregate Year to Date \$

2,000.00

B. Full Name, Mailing Address and ZIP Code

Kenneth L. Connor
P. O. Box 11187
Tallahassee, FL 32308

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

information requested

Date (month, day, year)

7/13/89

Amount of Each Receipt this Period

1,000.

Occupation

information requested

Aggregate Year to Date \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

D. Victor Knight
P. O. Box 1148
Vero Beach, FL 32961

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Riverfront Groves

Date (month, day, year)

12/08/89

Amount of Each Receipt this Period

400.00

Occupation

citrus grower

Aggregate Year to Date \$

450.00

D. Full Name, Mailing Address and ZIP Code

Ley H. Smith
P. O. Box 1152
Orlando, FL 32802

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month, day, year)

8/22/89

Amount of Each Receipt this Period

330.00

Occupation

attorney

Aggregate Year to Date \$

430.00

E. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month, day, year)

8/30/89

Amount of Each Receipt this Period

400.00

Occupation

retired

Aggregate Year to Date \$

400.00

F. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month, day, year)

7/07/89

Amount of Each Receipt this Period

300.00

Occupation

citrus

Aggregate Year to Date \$

1,330.00

G. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, III
P. O. Box 128
Frostproof, FL 33843

Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

self-employed

Date (month, day, year)

7/10/89

Amount of Each Receipt this Period

700.00

Occupation

citrus

Aggregate Year to Date \$

1,330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Longest Summary Page

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Sullivan P. O. Box 11588 St. Petersburg, FL 33733	n/a	5/29/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation retired	Aggregate Year-to-Date \$	400.00
Jerome S. Fletcher P. O. Box 1219 Punta Vedra Beach, FL 32082	Fletcher Industries	2/06/90	800.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation real estate	Aggregate Year-to-Date \$	800.00
R. William Becker P. O. Box 1240 Ft. Pierce, FL 33454	self-employed	5/21/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	400.00
Richard E. Becker P. O. Box 1240 Ft. Pierce, FL 34954	Becker Holding Corp.	5/21/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	400.00
William H. Mills, Jr. P. O. Box 1257 St. Petersburg, FL 33731	Federal Construction	4/30/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation vice-chairman	Aggregate Year-to-Date \$	330.00
Ben Hill Griffin, III P. O. Box 128 Frostproof, FL 33843	self-employed	4/09/90	330.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation citrus	Aggregate Year-to-Date \$	330.00
Robert F. Cross, Jr. P. O. Box 12830 Pensacola, FL 32575	Monsanto	1/24/90	400.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Occupation manager	Aggregate Year-to-Date \$	400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2001011772

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 35 of 45
FOR LINE NUMBER 118

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NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Timothy L. Gussle
P. O. Box 111
Tampa, FL 33601

Name of Employer

Teco Energy, Inc.

Date (month,
day, year)

4/22/91

Amount of Each
Receipt (this Period)

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

president

Aggregate Year-to-Date \$

130.00

B. Full Name, Mailing Address and ZIP Code

W. W. Boyd
P. O. Box 1147
Tallahassee, FL 32302
\$250 refund 7/22/91

Name of Employer

self-employed

Date (month,
day, year)

3/11/91

Amount of Each
Receipt (this Period)

800.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

mechanical engineer

Aggregate Year-to-Date \$

800.00

C. Full Name, Mailing Address and ZIP Code

D. Victor Knight
P. O. Box 1148
Vero Beach, FL 32961

Name of Employer

Riverfront Groves

Date (month,
day, year)

1/25/91

Amount of Each
Receipt (this Period)

400.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

citrus grower

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Ley H. Smith
P. O. Box 1152
Orlando, FL 32802

Name of Employer

self-employed

Date (month,
day, year)

2/21/91

Amount of Each
Receipt (this Period)

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733

Name of Employer

self-employed

Date (month,
day, year)

1/28/91

Amount of Each
Receipt (this Period)

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

self-employed

Aggregate Year-to-Date \$

200.00

F. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733

Name of Employer

self-employed

Date (month,
day, year)

1/28/91

Amount of Each
Receipt (this Period)

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

self-employed

Aggregate Year-to-Date \$

1,200.00

G. Full Name, Mailing Address and ZIP Code

Paul Sullivan
P. O. Box 11588
St. Petersburg, FL 33733
\$200 refund 7/22/91

Name of Employer

self-employed

Date (month,
day, year)

2/11/91

Amount of Each
Receipt (this Period)

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

self-employed

Aggregate Year-to-Date \$

1,400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975439

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 295 OF 331
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE HACK

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975429
90070719

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 296 OF 331
FOR LINE NUMBER 11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Paul N. Sullivan
2451 Brickell Avenue, #5K
Miami, FL 33129

Name of Employer

information requested

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period(500.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Paul N. Sullivan
2451 Brickell Avenue, #5K
Miami, FL 33129

Name of Employer

information requested

Date (month,
day, year)

6/16/93

Amount of Each
Receipt this Period500.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Ralph L. Swank, II, M.D.
2514 W. Virginia Avenue
Tampa, FL 33607

Name of Employer

self-employed

Date (month,
day, year)

3/24/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

surgeon

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Blaine Sweatt, III
8963 Crichton Woods Drive
Orlando, FL 32819

Name of Employer

General Mills

Date (month,
day, year)

5/20/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

restaurant exec.

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Blaine Sweatt, III
8963 Crichton Woods Drive
Orlando, FL 32819

Name of Employer

General Mills

Date (month,
day, year)

6/05/93

Amount of Each
Receipt this Period(500.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

restaurant exec.

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Blaine Sweatt, III
8963 Crichton Woods Drive
Orlando, FL 32819

Name of Employer

General Mills

Date (month,
day, year)

6/05/93

Amount of Each
Receipt this Period500.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

restaurant exec.

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Anna Lamar Switzer
841 Bayshore Drive
Pensacola, FL 32507

Name of Employer

n/a

Date (month,
day, year)

1/15/93

Amount of Each
Receipt this Period

25.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

homemaker

Aggregate Year-to-Date > \$ 225.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9403020720

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE

84

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

R. Mark Bostick
9 Brogden Ct., S.E.
Winter Haven, FL 33880

Name of Employer

Auburndale Trucking

Date (month,
day, year)

3/05/92

Amount of Each
Receipt this Period

110.00

Receipt For

Other (specify)

☒ Primary☐ General

Occupation

executive

Aggregate Year to Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

R. Mark Bostick
9 Brogden Ct., S.E.
Winter Haven, FL 33880

Name of Employer

Auburndale Trucking

Date (month,
day, year)

4/30/92

Amount of Each
Receipt this Period(120.00)
redesignated

Receipt For

Other (specify)

☒ Primary☐ General

Occupation

executive

Aggregate Year to Date \$

330.00

C. Full Name, Mailing Address and ZIP Code

R. Mark Bostick
9 Brogden Ct., S.E.
Winter Haven, FL 33880

Name of Employer

Auburndale Trucking

Date (month,
day, year)

4/30/92

Amount of Each
Receipt this Period320.00
redesignated

Receipt For

Other (specify)

☐ Primary☒ General

Occupation

executive

Aggregate Year to Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Curt E. Gowdy
9 Pierce Road
Wellesley Hills, MA 02181

Name of Employer

information requested

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

300.00

Receipt For

Other (specify)

☒ Primary☐ General

Occupation

information requested

Aggregate Year to Date \$

300.00

E. Full Name, Mailing Address and ZIP Code

A. Carlton Sutphin
9098 Old Frederick Road
Ellicott City, MD 21043
\$125 refunded 7/27/92

Name of Employer

Braden Sutphin, Inc.

Date (month,
day, year)

2/05/92

Amount of Each
Receipt this Period

1,000.00

Receipt For

Other (specify)

☒ Primary☐ General

Occupation

president

Aggregate Year to Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Murray H. Goodman
911 N. Ocean Blvd.
Palm Beach, FL 33410

Name of Employer

The Goodman Co.

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

500.00

Receipt For

Other (specify)

☐ Primary☒ General

Occupation

developer

Aggregate Year to Date \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Murray H. Goodman
911 N. Ocean Blvd.
Palm Beach, FL 33410

Name of Employer

The Goodman Co.

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

500.00

Receipt For

Other (specify)

☒ Primary☐ General

Occupation

developer

Aggregate Year to Date \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT
P. O. BOX 1836
TAMPA, FLORIDA 33601-1836

Attachment # 81B

July 27, 1992

88-25/531

PAY TO THE ORDER OF A. Carlton Sutphin \$ 125.00

ONE HUNDRED TWENTY FIVE AND NO/100 ----- DOLLARS

FIRST FLORIDA
First Florida Bank, S.A.
Main Office: 301
201 West Palm Beach
Tampa, Florida 33606



⑆003407⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE FORM BYCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$125.00

94030975432

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 9
FORM NUMBER
20a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

A. Carlton Sutphin
9096 Old Frederick Road
Ellicott City, MD 21043

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
125.00

Disbursement for

Primary

General

Other (specify)

B. Full Name, Mailing Address and ZIP Code

A. Gary Walsingham
14520 Front Beach Road
Panama City Beach, FL 32413

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
320.00

Disbursement for

Primary

General

Other (specify)

C. Full Name, Mailing Address and ZIP Code

Betsey Freiburger
2999 Dats Palm Road
Boca Raton, FL 33432

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
350.00

Disbursement for

Primary

General

Other (specify)

D. Full Name, Mailing Address and ZIP Code

Bill Watkins
P. O. Box 1738
Atlanta, GA 30301

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
500.00

Disbursement for

Primary

General

Other (specify)

E. Full Name, Mailing Address and ZIP Code

Carl H. Pforzheimer, Jr.
3884 S.E. Old St. Lucie Blvd
Stuart, FL 34996

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
150.00

Disbursement for

Primary

General

Other (specify)

F. Full Name, Mailing Address and ZIP Code

Caroline L. Klein
6807 Turban Ct., SPV
Ft. Myers, FL 33908

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
50.00

Disbursement for

Primary

General

Other (specify)

G. Full Name, Mailing Address and ZIP Code

Charles Laser
P. O. Box 8404
Deerfield Beach, FL 33441

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
200.00

Disbursement for

Primary

General

Other (specify)

H. Full Name, Mailing Address and ZIP Code

David L. Brooks
6554 Ridgewood Dr.
Naples, FL 33940

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
1,000.00

Disbursement for

Primary

General

Other (specify)

I. Full Name, Mailing Address and ZIP Code

David H. Rush
700 N.W. 12th Avenue
Deerfield Beach, FL 33442

Purpose of Disbursement

contribution refund

Date (month,

day, year)
7/27/92

Amount of Each

Disbursement This Period
450.00

Disbursement for

Primary

General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2nd copy of the
Social Security Page80
FOR LINE NUMBER
11a

Donor's name and address must be printed in full. Donor's name and address may not be held or used by any person for the purpose of soliciting contributions or for commercial purposes. Donor's name and address may not be used for any other purpose without the donor's written consent.

NAME OF CONTRIBUTOR

A. Full Name, Mailing Address and ZIP Code Amber A. Butler 2027 Burning Tree Road Macola, FL 32314 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer N/A Occupation retired Aggregate Year-to-Date > 8	Date (month, day, year) 12/28/92 300.00	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code A. Carlton Sulphin 9098 Old Frederick Road Ellicott City, MD 21043 Recipient For: <input type="checkbox"/> Other Identify: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Bradley Sulphin, Inc. Occupation president Aggregate Year-to-Date > 8	Date (month, day, year) 11/24/92 300.00	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code John B. Howell 914 Live Oak Plantation Road Tallahassee, FL 32312 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Howell Fin. Group Occupation president Aggregate Year-to-Date > 8	Date (month, day, year) 8/10/92 300.00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code John B. Howell 914 Live Oak Plantation Road Tallahassee, FL 32312 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Howell Fin. Group Occupation president Aggregate Year-to-Date > 8	Date (month, day, year) 11/30/92 300.00	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Miriam F. Nagenda, M.D. 94 Martinique Avenue Tampa, FL 33606 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer information requested Occupation physician Aggregate Year-to-Date > 8	Date (month, day, year) 7/03/92 250.00	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Donald M. White 944 Fairway Dr. Warrington, FL 32097 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer N/A Occupation retired Aggregate Year-to-Date > 8	Date (month, day, year) 7/23/92 210.00	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code Donald M. White 944 Fairway Dr. Warrington, FL 32097 Recipient For: <input type="checkbox"/> Other Identify: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer N/A Occupation retired Aggregate Year-to-Date > 8	Date (month, day, year) 12/23/92 210.00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page 36 of 59
FOR LINE NUMBER 11a

Any information copied from such reports and documents 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 CONTRIBUTOR OR FUND

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

George G. Daniels
6149 Cyril Ave.
Orlando, FL 32809

Name of Employer

Daniels Mfg. Corp.

Date (month, day, year)

9/08/89

Amount of Each Receipt this Period

330.00

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

Arnold T. Aronoff
626 Gulfshore Blvd., S.
Naples, FL 33940

Name of Employer

self-employed

Date (month, day, year)

11/07/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Occupation

inventor

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

James E. Grohmyer
632 Apalachee Circle, N.E.
St. Petersburg, FL 33702

Name of Employer

Allegheny Health Sys.

Date (month, day, year)

8/02/89

Amount of Each Receipt this Period

330.00

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Occupation

health care syst.

Aggregate Year-to-Date > \$

330.00

D. Full Name, Mailing Address and ZIP Code

Lawrence D. Levien
6405 Kennedy Drive
Chevy Chase, MD 20815

Name of Employer

information requested

Date (month, day, year)

11/22/89

Amount of Each Receipt this Period

250.00

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

Walter M. Washburn
6429 Winkler Rd.
Ft. Myers, FL 33911

Name of Employer

n/a

Date (month, day, year)

10/16/89

Amount of Each Receipt this Period

500.00

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

W. Clarke Swenson, Jr.
649 Fifth Avenue, South, Suite 207
Naples, FL 33940

Name of Employer

Palmer Cablevision

Date (month, day, year)

10/11/89

Amount of Each Receipt this Period

1,000.00

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

David J. Crumwell
6507 N. Harvey Road
Tampa, FL 33610

Name of Employer

Safety Equip. Co.

Date (month, day, year)

6/26/89

Amount of Each Receipt this Period

330.00

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

president

Aggregate Year-to-Date > \$

330.00

CONTINUE on Reverse This Page (optional)

STOP. This Form Must Be Filed with the Committee

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePART 1
26 45
FEDERAL FORM NO. 1118
11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ronald Samuels
6130 N. Pensacola Road
Pensacola, FL 32505Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Ron Samuels Toyota

Date (month,
day, year)

2/11/91

Amount of Each
Receipt this Period

\$500.00

Occupation

OWNER

Aggregate Year-to-Date \$

500.00

B. Full Name, Mailing Address and ZIP Code

George G. Daniels
6169 Cyril Ave.
Orlando, FL 32809Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Daniels Mfg. Corp.

Date (month,
day, year)

1/02/91

Amount of Each
Receipt this Period

310.00

Occupation

executive

Aggregate Year-to-Date \$

310.00

C. Full Name, Mailing Address and ZIP Code

Arnold H. Mack
625 University Blvd.
Pensacola, FL 32504Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Mack Farms

Date (month,
day, year)

1/11/91

Amount of Each
Receipt this Period

400.00

Occupation

farming

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

John T. Oxley
6300 Clint Moore Road
Boca Raton, FL 33496Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

6/10/91

Amount of Each
Receipt this Period

500.00

Occupation

oil/cattle/polo

Aggregate Year-to-Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

James E. Grodzover
632 Apalachee Circle, N.E.
St. Petersburg, FL 33702Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Allegheny Health Sys.

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

330.00

Occupation

health care mgmt.

Aggregate Year-to-Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

W. CLARKE SEARSON, JR.
649 Fifth Avenue, South, Suite 207
Naples, FL 33940
\$500 refund 7/22/91Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

Palmer Cablevision

Date (month,
day, year)

4/10/91

Amount of Each
Receipt this Period

1,500.00

Occupation

president

Aggregate Year-to-Date \$

1,500.00

G. Full Name, Mailing Address and ZIP Code

WILLIAM A. HART
650 Oakfield Road
Pensacola, FL 32503Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

Gulf-Atlantic Corp.

Date (month,
day, year)

1/11/91

Amount of Each
Receipt this Period

400.00

Occupation

contractor

Aggregate Year-to-Date \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL The Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of receipts reported Summary Page 100 (page 50 of 100)

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ben Hill Griffin, Jr.
P. O. Box 368
Frostproof, FL 33843

Name of Employer

self-employed

Date (month, day, year)

9/05/89

Amount of Each Receipt (this Period)

330.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

citrus and cattle

Aggregate Year to Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

H. M. Hendry
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

H2H Marine

Date (month, day, year)

9/05/89

Amount of Each Receipt (this Period)

330.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

contractor

Aggregate Year to Date \$

580.00

C. Full Name, Mailing Address and ZIP Code

Thomas E. Oakley
P. O. Box 4170
Lake Wales, FL 33859

Name of Employer

Oakley Groves, Inc.

Date (month, day, year)

8/29/89

Amount of Each Receipt (this Period)

330.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

owner

Aggregate Year to Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thonotosassa, FL 33592

Name of Employer

Lykes Brothers

Date (month, day, year)

11/06/89

Amount of Each Receipt (this Period)

330.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

finance

Aggregate Year to Date \$

330.00

E. Full Name, Mailing Address and ZIP Code

Charles S. Isler, III
P. O. Box 430
Panama City, FL 32402

Name of Employer

Isler, Harrison & Banks

Date (month, day, year)

9/11/89

Amount of Each Receipt (this Period)

330.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

attorney

Aggregate Year to Date \$

330.00

F. Full Name, Mailing Address and ZIP Code

Miccosukee Tribe of Indians
P. O. Box 44021
Miami, FL 33144

Name of Employer

n/a

Date (month, day, year)

7/31/89

Amount of Each Receipt (this Period)

50.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

n/a

Aggregate Year to Date \$

800.00

G. Full Name, Mailing Address and ZIP Code

Dwight M. DeVane, Sr.
P. O. Box 457
Polk City, FL 33868

Name of Employer

n/a

Date (month, day, year)

7/13/89

Amount of Each Receipt (this Period)

500.00

Receipt For

☒ Salary☐ General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

430.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 24 OF 27
FOR LINE NUMBER 11a

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 NACK

A. Full Name, Mailing Address and ZIP Code

James J. Blosser
P. O. Box 1900
Ft. Lauderdale, FL 33302

Name of Employer

Radin, Barnett, et al

Date (month,
day, year)

8/30/90

Amount of Each
Receipt this Period

*00.00

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

Occupation

attorney
Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Richard Dartsler
P. O. Box 192
Winter Haven, FL 33882

Name of Employer

self-employed

Date (month,
day, year)

8/09/90

Amount of Each
Receipt this Period

400.00

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

Occupation

realtor
Aggregate Year-to-Date > \$ 800.00

C. Full Name, Mailing Address and ZIP Code

G. William Austin
P. O. Box 2253
Orlando, FL 32802

Name of Employer

L. C. Herring & Co.

Date (month,
day, year)

12/06/90

Amount of Each
Receipt this Period

330.00

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

Occupation

owner/manager
Aggregate Year-to-Date > \$ 330.00

D. Full Name, Mailing Address and ZIP Code

J. Patrick Michaels, Jr.
P. O. Box 22988
Tampa, FL 33622

Name of Employer

Communications Equity

Date (month,
day, year)

8/03/90

Amount of Each
Receipt this Period

330.00

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

Occupation

OWNER
Aggregate Year-to-Date > \$ 330.00

E. Full Name, Mailing Address and ZIP Code

F. Phillip Hardy
P. O. Box 3090
Winter Park, FL 32790

Name of Employer

self-employed

Date (month,
day, year)

11/26/90

Amount of Each
Receipt this Period

330.00

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

Occupation

financier
Aggregate Year-to-Date > \$ 330.00

F. Full Name, Mailing Address and ZIP Code

Howard M. Jenkins
P. O. Box 407
Lakeland, FL 33802

Name of Employer

information requested

Date (month,
day, year)

8/10/90

Amount of Each
Receipt this Period

400.00

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

Occupation

information requested
Aggregate Year-to-Date > \$ 400.00

G. Full Name, Mailing Address and ZIP Code

A. Bronson Inyang
P. O. Box 429
Thornton, FL 33592

Name of Employer

Lykes Brothers

Date (month,
day, year)

7/24/90

Amount of Each
Receipt this Period

350.00

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

Occupation

FINANCE
Aggregate Year-to-Date > \$ 350.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (next page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Page 41 of 45
FOR LINE NUMBER 11a

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 which contributions from such contributors.

NAME OF CONTRIBUTOR in Full

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

A. BRUNSON TRAGER
P. O. Box 429
THURGOODGEE, FL 33502
\$10 received 1/22/91Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Lyles Brothers

Date (month, day, year)

3/11/91

Amount of Each Receipt this Period

350.00

Occupation

Finance

Aggregate Year-to-Date > \$

350.00

B. Full Name, Mailing Address and ZIP Code

Mary M. Dunlap
P. O. Box 430
LA BALLE, FL 33835Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Date (month, day, year)

3/12/91

Amount of Each Receipt this Period

250.00

Occupation

information requested

Aggregate Year-to-Date > \$

250.00

C. Full Name, Mailing Address and ZIP Code

Tully F. Dunlap
P. O. Box 430
LA BALLE, FL 33835Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

NCS

Date (month, day, year)

3/12/91

Amount of Each Receipt this Period

250.00

Occupation

banker

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

William C. Cramer, Jr.
P. O. Box 490
PUNAM CITY, FL 32402Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Thomas Chevrolet

Date (month, day, year)

2/05/91

Amount of Each Receipt this Period

330.00

Occupation

general manager

Aggregate Year-to-Date > \$

330.00

E. Full Name, Mailing Address and ZIP Code

Frank S. Shaw, Jr.
P. O. Box 510
TALLAHASSEE, FL 32302Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Date (month, day, year)

1/30/91

Amount of Each Receipt this Period

330.00

Occupation

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

Lorna Wilton Davis
P. O. Box 5291
JACKSONVILLE, FL 32247Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

n/a

Date (month, day, year)

1/31/91

Amount of Each Receipt this Period

400.00

Occupation

housewife

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

MIRIAM J. BUCHHEIT
P. O. Box 95-7395
MIAMI, FL 33255Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

information requested

Date (month, day, year)

2/15/91

Amount of Each Receipt this Period

190.00

Occupation

attorney

Aggregate Year-to-Date > \$

190.00

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (use page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use Schedule A to itemize receipts for each receipt on this page (attach to Schedule A Page 110)

100

110

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Ellis W. Goodman
P. O. Box 3588
Sarasota, FL 34230

Name of Employer

Twin City Dist., Inc.

Date (month, day, year)

2/27/92

Amount of Each Receipt (this Period)

100.00

Receipt For

Primary

General

Other (specify)

Occupation

wholesaler

Aggregate Year-to-Date \$

550.00

B. Full Name, Mailing Address and ZIP Code

Ellis W. Goodman
P. O. Box 3588
Sarasota, FL 34230

Name of Employer

Twin City Dist., Inc.

Date (month, day, year)

3/26/92

Amount of Each Receipt (this Period)

250.00

Receipt For

Primary

General

Other (specify)

Occupation

wholesaler

Aggregate Year-to-Date \$

550.00

C. Full Name, Mailing Address and ZIP Code

Joseph T. Lettalleir
P. O. Box 385
St. Petersburg, FL 33731

Name of Employer

Bay Development

Date (month, day, year)

4/20/92

Amount of Each Receipt (this Period)

130.00

Receipt For

Primary

General

Other (specify)

Occupation

real estate

Aggregate Year-to-Date \$

330.00

D. Full Name, Mailing Address and ZIP Code

Kenneth D. Stern
P. O. Box 3878
Boca Raton, FL 33427

Name of Employer

Kenneth D. Stern, PA

Date (month, day, year)

3/09/92

Amount of Each Receipt (this Period)

500.00

Receipt For

Primary

General

Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

500.00

E. Full Name, Mailing Address and ZIP Code

Lorena Jaeb
P. O. Box 428
Mango, FL 33550
\$800 refunded 7/27/92

Name of Employer

JFI, Inc.

Date (month, day, year)

2/28/92

Amount of Each Receipt (this Period)

1,000.00

Receipt For

Primary

General

Other (specify)

Occupation

public relations

Aggregate Year-to-Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thornton, FL 33592

Name of Employer

Lykes Brothers

Date (month, day, year)

3/18/92

Amount of Each Receipt (this Period)

500.00

Receipt For

Primary

General

Other (specify)

Occupation

finance

Aggregate Year-to-Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Mary H. Dunlap
P. O. Box 430
La Belle, FL 33935

Name of Employer

information requested

Date (month, day, year)

4/13/92

Amount of Each Receipt (this Period)

250.00

Receipt For

Primary

General

Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 301 OF 331
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

C. Herman Terry
2216 Gulf Life Tower, Suite 2216
Jacksonville, FL 32207

Name of Employer

Face Amer. Ins. Group

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period(1,000.00)
redesignatedReceipt For: ☐ Primary ☐ General
☐ Other (specify):

Occupation

insurance executive

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

C. Herman Terry
2216 Gulf Life Tower, Suite 2216
Jacksonville, FL 32207

Name of Employer

Face Amer. Ins. Group

Date (month,
day, year)

5/10/93

Amount of Each
Receipt this Period1,000.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

insurance executive

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Thomas Tew
201 S. Biscayne Blvd., 26th Floor
Miami, FL 33131

Name of Employer

Tew & Garcia-Pedrosa

Date (month,
day, year)

3/15/93

Amount of Each
Receipt this Period

1,000.00

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

Occupation

attorney

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

John W. Thatcher
P. O. Box 371108
Miami, FL 33137

Name of Employer

Banana Supply Co.

Date (month,
day, year)

6/21/93

Amount of Each
Receipt this Period

500.00

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

Occupation

executive

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

John W. Thatcher
P. O. Box 371108
Miami, FL 33137

Name of Employer

Banana Supply Co.

Date (month,
day, year)

7/01/93

Amount of Each
Receipt this Period(100.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

John W. Thatcher
P. O. Box 371108
Miami, FL 33137

Name of Employer

Banana Supply Co.

Date (month,
day, year)

7/01/93

Amount of Each
Receipt this Period100.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thonotosassa, FL 33529

Name of Employer

self-employed

Date (month,
day, year)

4/20/93

Amount of Each
Receipt this Period

330.00

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

Occupation

finance

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975441
9300070725

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 302 OF 331
FOR LINE NUMBER 118

Any information copied from such Reports and Statements may not be 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 NACK

A. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thornton, FL 33529

Name of Employer

self-employed

Date (month,
day, year)

5/07/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

finance

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

A. Bronson Thayer
P. O. Box 429
Thornton, FL 33529

Name of Employer

self-employed

Date (month,
day, year)

5/07/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

finance

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

L. E. Thomas
P. O. Box 490
Panama City, FL 32401

Name of Employer

self-employed

Date (month,
day, year)

5/21/93

Amount of Each
Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date > \$

250.00

D. Full Name, Mailing Address and ZIP Code

L. E. Thomas
P. O. Box 490
Panama City, FL 32401

Name of Employer

self-employed

Date (month,
day, year)

6/05/93

Amount of Each
Receipt this Period(240.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date > \$

250.00

E. Full Name, Mailing Address and ZIP Code

L. E. Thomas
P. O. Box 490
Panama City, FL 32401

Name of Employer

self-employed

Date (month,
day, year)

6/05/93

Amount of Each
Receipt this Period240.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

auto dealer

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

George Thomas, M.D.
4610 Riverview Blvd.
Bradenton, FL 34209

Name of Employer

Bradenton Cardiology

Date (month,
day, year)

2/08/93

Amount of Each
Receipt this Period

300.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

George Thomas, M.D.
4610 Riverview Blvd.
Bradenton, FL 34209

Name of Employer

Bradenton Cardiology

Date (month,
day, year)

2/09/93

Amount of Each
Receipt this Period

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

physician

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 45 OF 59
FOR LINE NUMBER 118

Any information required from each Report and Statement may not be used 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 CONTRIBUTOR in Full

FRIENDS OF CONNIE BACK

A. Full Name, Mailing Address and ZIP Code

Harry Walker
Boca Raton Hotel & Club, Villa 1431
Boca Raton, FL 33432

Name of Employer

n/a

Date (month, day, year)

10/19/89

Amount of Each Receipt this Period

250.00

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

Occupation

retired

Aggregate Year-to-Date > 8

150.00

B. Full Name, Mailing Address and ZIP Code

D. K. Richardson
Box 370
Vero Beach, FL 32961

Name of Employer

self-employed

Date (month, day, year)

7/14/89

Amount of Each Receipt this Period

1,000.00

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

Occupation

agriculture

Aggregate Year-to-Date > 8

1,000.00

C. Full Name, Mailing Address and ZIP Code

John H. Quinn
Hartford Bldg., Suite 1270
Orlando, FL 32801

Name of Employer

self-employed

Date (month, day, year)

8/25/89

Amount of Each Receipt this Period

330.00

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

Occupation

Aggregate Year-to-Date > 8

330.00

D. Full Name, Mailing Address and ZIP Code

Charles J. Crist, Jr.
One Beach Drive, #1409
St. Petersburg, FL 33701

Name of Employer

Nat Asso Pro Baseball

Date (month, day, year)

11/08/89

Amount of Each Receipt this Period

400.00

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

Occupation

attorney

Aggregate Year-to-Date > 8

400.00

E. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month, day, year)

7/06/89

Amount of Each Receipt this Period

330.00

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

Occupation

community relations

Aggregate Year-to-Date > 8

330.00

F. Full Name, Mailing Address and ZIP Code

Jack C. Lynch
One Beach Drive, S.E., #1306
St. Petersburg, FL 33701

Name of Employer

information requested

Date (month, day, year)

12/06/89

Amount of Each Receipt this Period

330.00

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

Occupation

information requested

Aggregate Year-to-Date > 8

330.00

G. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

WTH-Touchton Co.

Date (month, day, year)

8/21/89

Amount of Each Receipt this Period

330.00

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

Occupation

executive

Aggregate Year-to-Date > 8

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use spaces scheduled
for each category of the
Detailed Summary PagePAGE 34 OF 48
FOR LINE NUMBER 118

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

NAME OF COMMITTEE In Full

FRIENDS OF CONNIE BACK

A. Full Name, Mailing Address and ZIP Code

Hazel C. Hough
One Beach Drive, S.E., #1002
St. Petersburg, FL 33701

Name of Employer

Wm. R. Hough & Co.

Date (month,
day, year)

2/04/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

community relations
- volunteer

330.00

B. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

2/01/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

Wilford C. Lyon, Jr.
One Independence Square
Jacksonville, FL 32202

Name of Employer

Ind. Ins. Group

Date (month,
day, year)

1/30/91

Amount of Each
Receipt this Period

400.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

insurance

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

J. H. Baroco
P. O. Box 10729
Pensacola, FL 32504

Name of Employer

n/a

Date (month,
day, year)

1/11/91

Amount of Each
Receipt this Period

400.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

Robert H. Hart
P. O. Box 1101
Winter Haven, FL 33882

Name of Employer

Robert H. Hart & Sons

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

oil jobber

Aggregate Year-to-Date > \$

330.00

F. Full Name, Mailing Address and ZIP Code

H. L. Culbreth, Jr.
P. O. Box 111
Tampa, FL 33601

Name of Employer

Teco Energy, Inc.

Date (month,
day, year)

2/15/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☐ Primary ☒ General
☐ Other (specify):

Occupation

chairman

Aggregate Year-to-Date > \$

330.00

G. Full Name, Mailing Address and ZIP Code

K. JAMES GUNZIE
P. O. Box 111
Tampa, FL 33602

Name of Employer

n/a

Date (month,
day, year)

4/22/91

Amount of Each
Receipt this Period

330.00

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

businessman

Aggregate Year-to-Date > \$

330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (from page 118 line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page
 Page 87 of 110
 FORM 112MB 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203 \$300 refunded 7/27/92 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Winn Dixie Occupation Aggregate Year-to-Date \$	5/15/92	500.00
B. Full Name, Mailing Address and ZIP Code Charles J. Crist, Jr. One Beach Drive, #1409 St. Petersburg, FL 33701 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wood & Crist Occupation attorney Aggregate Year-to-Date \$	1/13/92	330.00
C. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$	2/11/92	250.00
D. Full Name, Mailing Address and ZIP Code Stephen R. Kirby One Beach Drive, Apt. 2702 St. Petersburg, FL 33701 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer n/a Occupation retired Aggregate Year-to-Date \$	3/04/92	80.00
E. Full Name, Mailing Address and ZIP Code Hazel C. Hough One Beach Drive, S.E., #1002 St. Petersburg, FL 33701 \$320 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wm. R. Hough & Co. Occupation community relations Aggregate Year-to-Date \$	2/26/92	330.00
F. Full Name, Mailing Address and ZIP Code Rosemary Galbraith One Beach Drive, S.E., #1802 St. Petersburg, FL 33701 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Templeton Mutual Fund Occupation mutual funds Aggregate Year-to-Date \$	4/21/92	700.00
G. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602 \$320 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Witt-Touchton Co. Occupation executive Aggregate Year-to-Date \$	2/28/92	330.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1895
TAMPA, FLORIDA 33601-1895

Attachment #84E

July 27, 1992

08-78/121

PAY TO THE
ORDER OF

J. Thomas Touchton

\$ 320.00

THREE HUNDRED TWENTY AND NO/100 ----- DOLLARS

**FIRST
FLORIDA**

First Florida Bank is a
Equal Opportunity Lender
1001 West Palm Beach
Tampa, Florida 33601



#003409# 1:0631002641: 4008703931

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM DVCP-3 V-3

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$ 320.00

940309.7.5.4.4.2

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 9
FOR LINE NUMBER
208

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

J. McCarthy Miller
606 Silvershore Drive
Pensacola, FL 32507

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

300.00

B. Full Name, Mailing Address and ZIP Code

Joe A. Hilliard
P. O. Box 655
Clewiston, FL 33440

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

350.00

C. Full Name, Mailing Address and ZIP Code

John H. Quinn
P. O. Box 941539
Maitland, FL 32794

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

D. Full Name, Mailing Address and ZIP Code

John Scott Mueller
4401 Gulf Shore Blvd N #1201
Naples, FL 33940

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

250.00

E. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

320.00

F. Full Name, Mailing Address and ZIP Code

Kay D. O'Rourke
17812 Willow Lake Dr.
Odessa, FL 33556

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

450.00

G. Full Name, Mailing Address and ZIP Code

L. Allen Osborne
4822 Ocean Blvd., Apt. 5-C
Sarasota, FL 34242

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

300.00

H. Full Name, Mailing Address and ZIP Code

L. A. Pierce
101 S. Gulfstream Ave.
Sarasota, FL 34236

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

85.00

I. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Purpose of Disbursement

contribution refund

Disbursement for ☒ Primary ☐ General
Other (specify)Date (month,
day, year)

7/27/92

Amount of Each
Disbursement This Period

300.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

Use for all copies of the
Detailed Summary Page61 14
FOR LINE NUMBER
11a

Any information on this form must be true and correct. It may not be used for any purpose of obtaining contributions or for commercial purposes. It may not be used for any other purpose of obtaining contributions or for commercial purposes.

NAME OF CONTRIBUTOR IN FULL

NAME OF CONTRIBUTOR IN FULL

Full Name, Mailing Address and ZIP Code
Robert Pears
304 Oak Lake Drive
St. Petersburg, FL 33709

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
Gulf Disposal, Inc.

Date (month, day, year)
11/12/92

Amount of Each
Receipt this Period
75.00

Occupation
businessman
Aggregate Year-to-Date > 8 375.00

Full Name, Mailing Address and ZIP Code
Gus A. Stevens
One Beach Drive, #2903-4
St. Petersburg, FL 33701
\$250 refund 1/22/93

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
n/a

Date (month, day, year)
10/01/92

Amount of Each
Receipt this Period
500.00

Occupation
retired
Aggregate Year-to-Date > 8 500.00

Full Name, Mailing Address and ZIP Code
Stephen R. Kirby
One Beach Drive, Apt. 3702
St. Petersburg, FL 33701

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
n/a

Date (month, day, year)
7/23/92

Amount of Each
Receipt this Period
250.00

Occupation
retired
Aggregate Year-to-Date > 8 250.00

Full Name, Mailing Address and ZIP Code
Stephen R. Kirby
One Beach Drive, Apt. 3702
St. Petersburg, FL 33701

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
n/a

Date (month, day, year)
7/30/92

Amount of Each
Receipt this Period
(250.00)
redesignated

Occupation
retired
Aggregate Year-to-Date > 8 250.00

Full Name, Mailing Address and ZIP Code
Stephen R. Kirby
One Beach Drive, Apt. 3702
St. Petersburg, FL 33701

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
n/a

Date (month, day, year)
7/30/92

Amount of Each
Receipt this Period
250.00
redesignated

Occupation
retired
Aggregate Year-to-Date > 8 250.00

Full Name, Mailing Address and ZIP Code
J. Thomas Touchton
One City Center, Suite 2100
Tampa, FL 33602

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
Witt-Touchton Co.

Date (month, day, year)
8/25/92

Amount of Each
Receipt this Period
330.00

Occupation
executive
Aggregate Year-to-Date > 8 330.00

Full Name, Mailing Address and ZIP Code
J. O. Bux 025409
Miami, FL 33138

Receipt For: ☐ Primary ☐ General
☐ Other Identify:

Name of Employer
Kialak Mortgage Corp.

Date (month, day, year)
11/24/92

Amount of Each
Receipt this Period
500.00

Occupation
mortgage banker
Aggregate Year-to-Date > 8 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page only the number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 305 OF 331
FOR LINE NUMBER 118

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 HACK

A. Full Name, Mailing Address and ZIP Code

Carol J. Tortorella
7627 Apple Tree Circle
Orlando, FL 32819

Name of Employer

information requested

Date (month,
day, year)

6/28/93

Amount of Each
Receipt this Period

250.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

1/22/93

Amount of Each
Receipt this Period

330.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

C. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period(330.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

D. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

2/05/93

Amount of Each
Receipt this Period330.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

E. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

3/01/93

Amount of Each
Receipt this Period

350.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

F. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period(350.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

G. Full Name, Mailing Address and ZIP Code

J. Thomas Touchton
One City Center, Suite 3250
Tampa, FL 33602

Name of Employer

Witt-Touchton Co.

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period350.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

executive

Aggregate Year-to-Date > \$ 680.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

All information obtained from such Receipts and Statements may not be sold or used by any person for the purpose of soliciting contributions from any person, or for any other purpose, without the written consent of the political committee to which the contributions were made.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

00070450

A Full Name, Mailing Address and ZIP Code	Name of Employer	Date Received	Amount
Helen Neely 126 Moorings Park Dr., Apt. 1-103 Naples, FL 33942 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	n/a	2/14/91	
R. S. Hardy 12823 Valsworth Drive Naples, FL 33999 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	retired	Aggregate Year to Date \$ 1,000.00	
R. S. Hardy 12823 Valsworth Drive Naples, FL 33999 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested	4/17/91	
Roland A. Erickson 1285 Gulf Shore Blvd. N. Naples, FL 33940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	information requested	Aggregate Year to Date \$ 500.00	
Michael Ashington-Pickett 1307 Montcalm Street Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	2/13/91	250.00
Michael Ashington-Pickett 1307 Montcalm Street Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	retired	Aggregate Year to Date \$ 250.00	
Michael Ashington-Pickett 1307 Montcalm Street Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed	3/22/91	
Michael Ashington-Pickett 1307 Montcalm Street Orlando, FL 32806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	builder	Aggregate Year to Date \$ 250.00	
Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Gimelstob Realty	4/04/91	500.00
Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	realtor	Aggregate Year to Date \$ 500.00	
Jean-Marc Allard 1420 Via Tuscany Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Hubbard Construction	4/10/91	500.00
Jean-Marc Allard 1420 Via Tuscany Winter Park, FL 32789 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	chairman	Aggregate Year to Date \$ 500.00	
Louise M. Redwine 1421 Seville Place Lakeland, FL 33803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	n/a	1/11/91	
Louise M. Redwine 1421 Seville Place Lakeland, FL 33803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	housewife	Aggregate Year to Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 14 110
EIGHT LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Jose M. Sanchez 13900 S.W. 108th Avenue Miami, FL 33176 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Vincay Human Res. Occupation: <u>president</u> Aggregate Year to Date: \$ 350.00	4/08/92	250.00
B. Full Name, Mailing Address and ZIP Code Guillermo Velez 13925 S.W. 107th Court Miami, FL 33176 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Air-Oceanic Services Occupation: <u>business man</u> Aggregate Year to Date: \$ 250.00	6/22/92	250.00
C. Full Name, Mailing Address and ZIP Code James H. Bastian 140 Arvida Pkwy. Miami, FL 33158 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Southern Air Trans. Occupation: <u>chairman of the board</u> Aggregate Year to Date: \$ 1,000.00	5/26/92	1,000.00
D. Full Name, Mailing Address and ZIP Code Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432 \$25 refunded 7/27/92 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Ginalstob Realty Occupation: <u>realtor</u> Aggregate Year to Date: \$ 500.00	3/03/92	500.00
E. Full Name, Mailing Address and ZIP Code Luis F. Berbe 14010 Lake Candlewood Court Miami Lakes, FL 33014 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Robcar Intnl, Inc. Occupation: <u>exporting</u> Aggregate Year to Date: \$ 250.00	6/22/92	250.00
F. Full Name, Mailing Address and ZIP Code Timothy P. O'Neill 1405 Butterfield Court Marco Island, FL 33937 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	self-employed Occupation: <u>pool service</u> Aggregate Year to Date: \$ 250.00	1/17/92	250.00
G. Full Name, Mailing Address and ZIP Code S. K. Rao 14100 Pivvy Road, Suite 160 Hudson, FL 34667 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	information requested Occupation: <u>information requested</u> Aggregate Year to Date: \$ 250.00	6/22/92	250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309754042

FRIENDS OF CONNIE MACK

PRIMARY ACCOUNT

P. O. BOX 1838
TAMPA, FLORIDA 33601-1838

Attachment # 85C

July 27, 1992

60-28/831

PAY TO THE
ORDER OF

Janet Treisman

\$ 25.00

TWENTY FIVE AND NO/100

DOLLARS

**FIRST
FLORIDA**

First Florida Bank, N.A.
One Park Office Bldg
201 West Park Street
Tampa, Florida 33606



⑆003410⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
PRIMARY ACCOUNT

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

DELUXE - FORM BYCP-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$25.00

94030975453

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4
FOR LINE NUMBER
20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene Cole Jones 5234 Sea Shell Ave. Naples, FL 33940	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene H. Sullivan 5639 Bayview Drive Seminole, FL 34642	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Albert Burnett 800 N. Orlando Avenue Maitland, FL 32851	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	423.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James E. Davis Drawer B, West Bay Station Jacksonville, FL 32203	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Janet Treisman 1400 S. Ocean Blvd., 403N Boca Raton, FL 33432	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	25.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Schenck 4161 John Young Parkway Orlando, FL 32804	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Baxter Gentry P. O. Box 65 Sugarloaf Key, FL 33044	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. Bob Humphries Post Office Box 1822 Tampa, FL 33601	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	295.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Russakis 8801 Indrio Road Ft. Pierce, FL 34961	contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/92	400.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Do not include this page in the number of pages of the return.

Page 25 of 51
Form 1041-SS (1-88)

This form is to be used by the filer to report the distribution of the net capital gain or loss from the sale of capital assets to the filer's spouse, dependent, or minor child.

Do not include this page in the number of pages of the return.

A. Full Name, Mailing Address and ZIP Code
Barry A. Zuckin
4617 Sun Island
Wynon, FL 33580

Name of Employer
S/S

Date Month, day, year
4/20/90

Amount of Each Receipt This Period
330.00

Occupation
housekeeper

Aggregate Year-to-Date
330.00

B. Full Name, Mailing Address and ZIP Code
Larry L. Van Dusen
4619 Jackson Street
Hollywood, FL 33021

Name of Employer
self-employed

Date Month, day, year
2/21/90

Amount of Each Receipt This Period
400.00

Occupation
direct mail

Aggregate Year-to-Date
400.00

C. Full Name, Mailing Address and ZIP Code
Daniel H. Lyons
4666 Clayton Road
Wynon, FL 33580

Name of Employer
self-employed

Date Month, day, year
1/08/90

Amount of Each Receipt This Period
1,000.00

Occupation
economist

Aggregate Year-to-Date
1,000.00

D. Full Name, Mailing Address and ZIP Code
Richard P. Zachariah, M.D.
4725 N. Federal Highway
Ft. Lauderdale, FL 33308

Name of Employer
self-employed

Date Month, day, year
2/09/90

Amount of Each Receipt This Period
400.00

Occupation
cardiologist

Aggregate Year-to-Date
400.00

E. Full Name, Mailing Address and ZIP Code
James E. Perry, M.D.
4800 NE 20th Terrace
Ft. Lauderdale, FL 33308

Name of Employer
self-employed

Date Month, day, year
2/14/90

Amount of Each Receipt This Period
400.00

Occupation
neurologist

Aggregate Year-to-Date
400.00

F. Full Name, Mailing Address and ZIP Code
David M. Hall
4804 Bergen Lane
Sumner, FL 33320
chg of address

Name of Employer
Aptek Technologies

Date Month, day, year
3/05/90

Amount of Each Receipt This Period
400.00

Occupation
president

Aggregate Year-to-Date
400.00

G. Full Name, Mailing Address and ZIP Code
James M. Smith
4810 Volcanos Place
Fort Meade, FL 32904

Name of Employer
FL. Comm. Svc. Corp.

Date Month, day, year
1/14/90

Amount of Each Receipt This Period
400.00

Occupation
analyst

Aggregate Year-to-Date
400.00

SUBTOTAL of Receipts This Page (Part 1)

TOTAL This Period (See page 10 for instructions)

90020141756

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Donated Summary Page

 Page 21 of 48
 FOR LINE NUMBER 118

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting 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 RACK

A. Full Name, Mailing Address and ZIP Code

 Alfred S. Austin
 4617 San Miguel
 Tampa, FL 33629

Name of Employer

The Austin Companies

Date (month, day, year)

2/11/91

Amount of Each Receipt this Period

330.00

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

Occupation

Developer

Aggregate Year-to-Date > \$

330.00

B. Full Name, Mailing Address and ZIP Code

 Beverly A. Austin
 4617 San Miguel
 Tampa, FL 33629

Name of Employer

n/a

Date (month, day, year)

2/11/91

Amount of Each Receipt this Period

330.00

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

Occupation

housewife

Aggregate Year-to-Date > \$

330.00

C. Full Name, Mailing Address and ZIP Code

 Larry L. Van Dusseldorp
 4619 Jackson Street
 Hollywood, FL 33021

Name of Employer

self-employed

Date (month, day, year)

2/07/91

Amount of Each Receipt this Period

400.00

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

Occupation

direct mail

Aggregate Year-to-Date > \$

400.00

D. Full Name, Mailing Address and ZIP Code

 Van L. McNeal
 4816 Culbreath Isles Road
 Tampa, FL 33629
 \$130 refund 7/22/91

Name of Employer

McNeal International

Date (month, day, year)

4/08/91

Amount of Each Receipt this Period

400.00

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

Occupation

executive

Aggregate Year-to-Date > \$

400.00

E. Full Name, Mailing Address and ZIP Code

 Allen B. Reeves
 4922 Chariton Ave.
 Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month, day, year)

4/23/91

Amount of Each Receipt this Period

250.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

 Allen B. Reeves
 4922 Chariton Ave.
 Tampa, FL 33603

Name of Employer

Reeves Motorcars

Date (month, day, year)

5/23/91

Amount of Each Receipt this Period

100.00

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

Occupation

car dealer

Aggregate Year-to-Date > \$

350.00

G. Full Name, Mailing Address and ZIP Code

 William P. Miller
 4961 Joswood Drive
 Sanibel, FL 33957

Name of Employer

n/a

Date (month, day, year)

5/20/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

RETIRED

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 56 of 110
FIR Line Number 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Beverly A. Austin
4617 San Miguel
Tampa, FL 33629

Name of Employer

n/a

Date (month,
day, year)

4/14/92

Amount of Each
Receipt this Period

120.00

Receipt For

Primary

General

Other (specify)

Occupation

homemaker

Aggregate Year to Date \$

120.00

B. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021
\$200 refunded 7/27/92

Name of Employer

self-employed

Date (month,
day, year)

4/13/92

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

direct mail

Aggregate Year to Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

Arjad Munin, M.D.
4621 N.E. 24th Avenue
Ft. Lauderdale, FL 33308

Name of Employer

information requested

Date (month,
day, year)

1/06/92

Amount of Each
Receipt this Period

500.00

Receipt For

Primary

General

Other (specify)

Occupation

physician

Aggregate Year to Date \$

500.00

D. Full Name, Mailing Address and ZIP Code

Joseph M. Hixon
47 Ponte Verde Blvd.
Ponte Verde Beach, FL 32082

Name of Employer

self-employed

Date (month,
day, year)

6/24/92

Amount of Each
Receipt this Period

500.00

Receipt For

Primary

General

Other (specify)

Occupation

investor

Aggregate Year to Date \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Joseph M. Hixon
47 Ponte Verde Blvd.
Ponte Verde Beach, FL 32082

Name of Employer

self-employed

Date (month,
day, year)

6/24/92

Amount of Each
Receipt this Period

500.00

Receipt For

Primary

General

Other (specify)

Occupation

investor

Aggregate Year to Date \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Henry E. Becker
4700 Bayshore Road
Sarasota, FL 34234

Name of Employer

n/a

Date (month,
day, year)

2/20/92

Amount of Each
Receipt this Period

500.00

Receipt For

Primary

General

Other (specify)

Occupation

retired

Aggregate Year to Date \$

500.00

G. Full Name, Mailing Address and ZIP Code

Valent D. Chagnon
4708 Tannery Avenue
Tampa, FL 33624

Name of Employer

information requested

Date (month,
day, year)

6/30/92

Amount of Each
Receipt this Period

250.00

Receipt For

Primary

General

Other (specify)

Occupation

information requested

Aggregate Year to Date \$

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT
 P. O. BOX 1898
 TAMPA, FLORIDA 33601-1898

July 27, 1992

05-26/92

PAY TO THE
ORDER OF

Larry L. Van Dusseldorp

\$ 200.00

TWO HUNDRED AND NO/100

DOLLARS

FIRST
FLORIDA

First Florida Bank, N.A.
 201 West Main Street
 Tampa, Florida 33602



⑆003411⑆ ⑆063100264⑆ 400870393⑆

FRIENDS OF CONNIE MACK
 PRIMARY ACCOUNT

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

DELUXE - FORM DYC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/27/92	Contribution Refund	\$200.00

94030975458

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 5 9
 FOR LINE NUMBER 20a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting 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 NACK

A. Full Name, Mailing Address and ZIP Code J. McCarthy Miller 606 Silvershore Drive Pensacola, FL 32507	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
B. Full Name, Mailing Address and ZIP Code Joe A. Hilliard P. O. Box 655 Clewiston, FL 33440	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 350.00
C. Full Name, Mailing Address and ZIP Code John H. Quinn P. O. Box 941539 Maitland, FL 32794	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
D. Full Name, Mailing Address and ZIP Code John Scott Mueller 4401 Gulf Shore Blvd N #1201 Naples, FL 33940	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code J. Thomas Touchton One City Center, Suite 3250 Tampa, FL 33602	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 320.00
F. Full Name, Mailing Address and ZIP Code Kay D. O'Rourke 17812 Willow Lake Dr. Odessa, FL 33556	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 450.00
G. Full Name, Mailing Address and ZIP Code L. Allen Osborne 4822 Ocean Blvd., Apt. 5-C Sarasota, FL 34242	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code L. A. Pierce 101 S. Gulfstream Ave. Sarasota, FL 34236	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 85.00
I. Full Name, Mailing Address and ZIP Code Larry L. Van Dusseldorp 4619 Jackson Street Hollywood, FL 33021	Purpose of Disbursement contribution refund Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Receipts collected
for the purpose of the
Florida Lottery

PAGE 62 71
FOR LINE NUMBER 118

This document is subject to the rules and regulations of the Florida Lottery Commission. It is not to be used for the purpose of collecting contributions or for commercial purposes. It is the property of the Florida Lottery Commission and it is to be returned to the Florida Lottery Commission upon request.

STATE OF FLORIDA DEPARTMENT OF COMMERCE

<p>A. Full Name, Mailing Address and ZIP Code William Scott Virginia Walter Park, FL 32700</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer Excursion Corp.</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 9/30/92</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Larry L. Van Dunseldorp 4615 Jackson Street Hollywood, FL 33021</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer self-employed</p> <p>Occupation direct mail</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 9/03/92</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code J. D. White 4765 Ortega Blvd. Jacksonville, FL 32210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer information requested</p> <p>Occupation information requested</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9/18/92</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Louis DeBartolo 4810 N.E. 6th Avenue Ft. Lauderdale, FL 33334</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer Broward County</p> <p>Occupation deputy sheriff</p> <p>Aggregate Year-to-Date > \$ 252.00</p>	<p>Date (month, day, year) 10/07/92</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Louis DeBartolo 4810 N.E. 6th Avenue Ft. Lauderdale, FL 33334</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer Broward County</p> <p>Occupation deputy sheriff</p> <p>Aggregate Year-to-Date > \$ 252.00</p>	<p>Date (month, day, year) 10/21/92</p>	<p>Amount of Each Receipt this Period 52.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Louis DeBartolo 4810 N.E. 6th Avenue Ft. Lauderdale, FL 33334</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer Broward County</p> <p>Occupation deputy sheriff</p> <p>Aggregate Year-to-Date > \$ 252.00</p>	<p>Date (month, day, year) 12/30/92</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code John J. Baker 4814 Oakbrook Lakes Road Tempe, FL 33429</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Identify:</p>	<p>Name of Employer N/A</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/11/92</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (printed)

TOTAL This Period (fill in page this line number only)

9 4 0 9 3 3 0 2 0 0 2 1 6 3 5

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 312 OF 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Felipe Valls
700 S.W. 36th Avenue
Miami, FL 33135

Name of Employer

information requested

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

500.00

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

Occupation

information requested

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

2/03/93

Amount of Each
Receipt this Period

400.00

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

Occupation

direct mail

Aggregate Year-to-Date > \$ 800.00

C. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

3/16/93

Amount of Each
Receipt this Period(400.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

direct mail

Aggregate Year-to-Date > \$ 800.00

D. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

3/16/93

Amount of Each
Receipt this Period400.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify):

Occupation

direct mail

Aggregate Year-to-Date > \$ 800.00

E. Full Name, Mailing Address and ZIP Code

Larry L. Van Dusseldorp
4619 Jackson Street
Hollywood, FL 33021

Name of Employer

self-employed

Date (month,
day, year)

6/03/93

Amount of Each
Receipt this Period

400.00

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

Occupation

direct mail

Aggregate Year-to-Date > \$ 800.00

F. Full Name, Mailing Address and ZIP Code

E. L. Van Every
425 Pine Lake Drive
Naples, FL 33962

Name of Employer

n/a

Date (month,
day, year)

2/04/93

Amount of Each
Receipt this Period

100.00

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

Occupation

retired

Aggregate Year-to-Date > \$ 250.00

G. Full Name, Mailing Address and ZIP Code

E. L. Van Every
425 Pine Lake Drive
Naples, FL 33962

Name of Employer

n/a

Date (month,
day, year)

3/29/93

Amount of Each
Receipt this Period

50.00

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

Occupation

retired

Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

240308670734

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 56 OF 58
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE to File
FRIENDS OF CONNIE HICKA. Full Name, Mailing Address and ZIP Code
John F. Watkins
P. O. Box 99003
Lakeland, FL 33804Name of Employer
Watkins Motor LinesDate (month,
day, year)
2/13/89Amount of Each
Receipt this Period
250.00Receipt For ☒ Primary ☐ General
Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code
Martin J. Brown
P. O. Box G
Everglades City, FL 33929Name of Employer
self-employedDate (month,
day, year)
2/13/89Amount of Each
Receipt this Period
1,000.00Receipt For ☒ Primary ☐ General
Other (specify):

Occupation

lodge owner

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code
Tom Fetway
P. O. Drawer 10197
Jacksonville, FL 32207Name of Employer
Fetway Insurance Co.Date (month,
day, year)
1/18/89Amount of Each
Receipt this Period
1,000.00Receipt For ☒ Primary ☐ General
Other (specify):

Occupation

insurance

Aggregate Year-to-Date > \$ 2,000.00

D. Full Name, Mailing Address and ZIP Code
Tom Fetway
P. O. Drawer 10197
Jacksonville, FL 32207Name of Employer
Fetway Insurance Co.Date (month,
day, year)
4/27/89Amount of Each
Receipt this Period
1,000.00Receipt For ☐ Primary ☒ General
Other (specify):

Occupation

insurance

Aggregate Year-to-Date > \$ 2,000.00

E. Full Name, Mailing Address and ZIP Code
WILLIAM T. WHEEL
P. O. Drawer 1367
Leesburg, FL 32749Name of Employer
information requestedDate (month,
day, year)
2/22/89Amount of Each
Receipt this Period
250.00Receipt For ☒ Primary ☐ General
Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$ 250.00

F. Full Name, Mailing Address and ZIP Code
ROBERT S. CLIFTON
P. O. Drawer 3805
Ocoee, FL 32924Name of Employer
Clifton ConstructionDate (month,
day, year)
6/22/89Amount of Each
Receipt this Period
250.00Receipt For ☐ Primary ☒ General
Other (specify):

Occupation

builder

Aggregate Year-to-Date > \$ 250.00

G. Full Name, Mailing Address and ZIP Code
JACK C. DUNCAN
P. O. Drawer 47050
Jacksonville, FL 32247Name of Employer
information requestedDate (month,
day, year)
4/27/89Amount of Each
Receipt this Period
1,000.00Receipt For ☒ Primary ☐ General
Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

1. Use only a single receipt for each item. Do not include duplicate receipts.

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John E. Price, Jr.
P. O. Box 950
Immokalee, FL 33934

Name of Employer

self-employed

Date (month, day, year)

12/11/89

Amount of Each Receipt this Period

500.00

Receipt For

Other (specify) ☒ General

Occupation

rancher

Aggregate Year to Date

\$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Mrs. John E. Price, Jr.
P. O. Box 950
Immokalee, FL 33934

Name of Employer

n/a

Date (month, day, year)

12/11/89

Amount of Each Receipt this Period

500.00

Receipt For

Other (specify) ☒ General

Occupation

housewife

Aggregate Year to Date

\$

500.00

C. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month, day, year)

8/21/89

Amount of Each Receipt this Period

330.00

Receipt For

Other (specify) ☒ General

Occupation

executive

Aggregate Year to Date

\$

580.00

D. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

n/a

Date (month, day, year)

8/25/89

Amount of Each Receipt this Period

330.00

Receipt For

Other (specify) ☒ General

Occupation

housewife

Aggregate Year to Date

\$

330.00

E. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789

Name of Employer

self-employed

Date (month, day, year)

8/22/89

Amount of Each Receipt this Period

330.00

Receipt For

Other (specify) ☒ General

Occupation

hotels

Aggregate Year to Date

\$

330.00

F. Full Name, Mailing Address and ZIP Code

Ben Carpen
P. O. Drawer 1209
Gainesville, FL 32602

Name of Employer

Ben Carpen Realty

Date (month, day, year)

10/10/89

Amount of Each Receipt this Period

330.00

Receipt For

Other (specify) ☒ General

Occupation

realtor

Aggregate Year to Date

\$

660.00

G. Full Name, Mailing Address and ZIP Code

Ben Carpen
P. O. Drawer 1209
Gainesville, FL 32602

Name of Employer

Ben Carpen Realty

Date (month, day, year)

12/19/89

Amount of Each Receipt this Period

330.00

Receipt For

Other (specify) ☒ General

Occupation

realtor

Aggregate Year to Date

\$

660.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

24030975463

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary Page

PA 49

11a

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 any other purpose, 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 RACK

A. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

4/02/90

Amount of Each
Receipt this Period

330.00

Receipt For

Primary

General

Other (specify)

Occupation

executive

Aggregate Year-to-Date \$

330.00

B. Full Name, Mailing Address and ZIP Code

Charles Stone, Jr.
P. O. Box 982
Ft. Pierce, FL 33454

Name of Employer

self-employed

Date (month,
day, year)

5/30/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

aerial applicator

Aggregate Year-to-Date \$

400.00

C. Full Name, Mailing Address and ZIP Code

Elizabeth P. Petway
P. O. Drawer 10197
Jacksonville, FL 32207

Name of Employer

n/a

Date (month,
day, year)

2/21/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

homemaker

Aggregate Year-to-Date \$

400.00

D. Full Name, Mailing Address and ZIP Code

Garrett W. Walton
P. O. Drawer 1271
Pensacola, FL 32596
chg of address

Name of Employer

Emanuel, Sheppard

Date (month,
day, year)

1/24/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$

400.00

E. Full Name, Mailing Address and ZIP Code

Jack C. Denstree
P. O. Drawer 47050
Jacksonville, FL 32247

Name of Employer

Dentree Brothers

Date (month,
day, year)

2/14/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

president

Aggregate Year-to-Date \$

0.00

F. Full Name, Mailing Address and ZIP Code

Robert Williamson
Post Office Box 290307
Davie, FL 33329

Name of Employer

Royal Petroleum, Inc.

Date (month,
day, year)

2/23/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

president

Aggregate Year-to-Date \$

400.00

G. Full Name, Mailing Address and ZIP Code

W. E. Thomas
Post Office Box 5708
Tallahassee, FL 32314

Name of Employer

Thomas Chevrolet

Date (month,
day, year)

6/04/90

Amount of Each
Receipt this Period

400.00

Receipt For

Primary

General

Other (specify)

Occupation

car dealer

Aggregate Year-to-Date \$

400.00

SUBTOTAL of Receipts This Page (optional)

TOTAL The Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 67
43 45
FOR LINE NUMBER
118

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NAME OF CONTRIBUTOR to Full

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code Tom Henry P. O. Box 788 Fortuna City, FL 32408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Henry & Assoc. Occupation insurance agent Approx Year-to-Date > \$	Date (month, day, year) 1/08/91	Amount of Each Receipt this Period 330.00
B. Full Name, Mailing Address and ZIP Code Charles Lasser P. O. Box 8804 Deerfield Beach, FL 33441 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Lasser Exp. Occupation executive Approx Year-to-Date > \$	Date (month, day, year) 1/28/91	Amount of Each Receipt this Period 600.00
C. Full Name, Mailing Address and ZIP Code Patti S. Roe P. O. Box 900 Winter Haven, FL 33882 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer information requested Occupation information requested Approx Year-to-Date > \$	Date (month, day, year) 2/14/91	Amount of Each Receipt this Period 330.00
D. Full Name, Mailing Address and ZIP Code John A. McCoy, M.D. P. O. Box 9019 Winter Haven, FL 33880 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Health Care Assoc. Occupation president Approx Year-to-Date > \$	Date (month, day, year) 2/15/91	Amount of Each Receipt this Period 660.00
E. Full Name, Mailing Address and ZIP Code Stephen C. Moore P. O. Box 9500 Greenacres, FL 33466 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Steve Moore Chevrolet Occupation auto dealer Approx Year-to-Date > \$	Date (month, day, year) 4/05/91	Amount of Each Receipt this Period 900.00
F. Full Name, Mailing Address and ZIP Code John F. Watkins P. O. Box 90002 Lakeland, FL 33804 \$240 refund 7/22/91 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Watkins Motor Lines Occupation executive Approx Year-to-Date > \$	Date (month, day, year) 1/29/91	Amount of Each Receipt this Period 330.00
G. Full Name, Mailing Address and ZIP Code John S. Galt P. O. Box 986 Parmaclis, FL 32905 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self-employed Occupation developer Approx Year-to-Date > \$	Date (month, day, year) 1/04/91	Amount of Each Receipt this Period 660.00

SUBTOTAL of Receipts This Page (optional)

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

91020070497

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 72 OF 75
FOR LINE NUMBER 11a

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Claire Sutton
P. O. Box 9090
Clearwater, FL 34618Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

10/16/91

Amount of Each
Receipt this Period

500.00

B. Full Name, Mailing Address and ZIP Code

John H. Quinn
P. O. Box 941539
Maitland, FL 32794Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

self-employed

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

330.00

C. Full Name, Mailing Address and ZIP Code

J. H. Baroco, Jr.
P. O. Box 950
Pensacola, FL 32594Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

Baroco Electric Co.

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

10/31/91

Amount of Each
Receipt this Period

400.00

D. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804Receipt For ☐ Other (specify) ☐ Primary ☒ General

Name of Employer

Watkins Motor Lines

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

8/07/91

Amount of Each
Receipt this Period

240.00

E. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

self-employed

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

7/18/91

Amount of Each
Receipt this Period

330.00

F. Full Name, Mailing Address and ZIP Code

Robert M. Beall, II
P. O. Box N
Bradenton, FL 34206Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

Beall's

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

10/16/91

Amount of Each
Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code

Tallahassee Partnership
P. O. Drawer 1838
Tallahassee, FL 32302Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

Aggregate Year-to-Date \$

Date (month,
day, year)

10/22/91

Amount of Each
Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets, list
for each category of the
Detailed Summary PagePA 107 11
Page 118

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 campaign 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 RACK

A. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

2/27/92

Amount of Each
Receipt (this Period)

130.00

Occupation

executive

Aggregate Year-to-Date \$ 660.00

B. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

5/13/92

Amount of Each
Receipt (this Period)

130.00

Occupation

executive

Aggregate Year-to-Date \$ 660.00

C. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

1/16/92

Amount of Each
Receipt (this Period)

150.00

Occupation

hotels

Aggregate Year-to-Date \$ 330.00

D. Full Name, Mailing Address and ZIP Code

Robert E. Langford
P. O. Box 970
Winter Park, FL 32789
\$320 refunded 7/27/92Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

self-employed

Date (month,
day, year)

2/28/92

Amount of Each
Receipt (this Period)

180.00

Occupation

hotels

Aggregate Year-to-Date \$ 330.00

E. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Ben Campen Realty

Date (month,
day, year)

6/15/92

Amount of Each
Receipt (this Period)

230.00

Occupation

realtor

Aggregate Year-to-Date \$ 230.00

F. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602Receipt For ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

Ben Campen Realty

Date (month,
day, year)

6/29/92

Amount of Each
Receipt (this Period)

(230.00)

Occupation

realtor

Aggregate Year-to-Date \$ 230.00

redesignated

G. Full Name, Mailing Address and ZIP Code

Ben Campen
P. O. Drawer 1209
Gainesville, FL 32602Receipt For ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

Ben Campen Realty

Date (month,
day, year)

6/29/92

Amount of Each
Receipt (this Period)

230.00

Occupation

realtor

Aggregate Year-to-Date \$ 230.00

redesignated

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 319 OF 331
FOR LINE NUMBER 11A

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Buz Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

6/22/93

Amount of Each
Receipt this Period

850.00

redesignated

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

Occupation

executive

Aggregate Year-to-Date > \$

1,500.00

B. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

1/20/93

Amount of Each
Receipt this Period

330.00

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

Occupation

executive

Aggregate Year-to-Date > \$

100.00

C. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

1/25/93

Amount of Each
Receipt this Period

330.00

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

Occupation

executive

Aggregate Year-to-Date > \$

100.00

D. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period

(560.00)

reattributed

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

Occupation

executive

Aggregate Year-to-Date > \$

100.00

E. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
1421 Seville Place
Lakeland, FL 33803

Name of Employer

n/a

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period

560.00

reattributed

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

Occupation

housewife

Aggregate Year-to-Date > \$

1,010.00

F. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
1421 Seville Place
Lakeland, FL 33803

Name of Employer

n/a

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period

(10.00)

redesignated

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

Occupation

housewife

Aggregate Year-to-Date > \$

1,010.00

G. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
1421 Seville Place

Name of Employer

n/a

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period

10.00

redesignated

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

Occupation

housewife

Aggregate Year-to-Date > \$

1,010.00

SUBTOTAL Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940302075076483

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 320 OF 331
FOR LINE NUMBER 118

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period(100.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

100.00

B. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

2/17/93

Amount of Each
Receipt this Period100.00
redesignatedReceipt For ☐ Primary ☒ General
☐ Other (specify):

Occupation

executive

Aggregate Year-to-Date > \$

100.00

C. Full Name, Mailing Address and ZIP Code

John F. Watkins
P. O. Box 95002
Lakeland, FL 33804

Name of Employer

Watkins Motor Lines

Date (month,
day, year)

5/05/93

Amount of Each
Receipt this Period

250.00

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

Occupation

executive

Aggregate Year-to-Date > \$

100.00

D. Full Name, Mailing Address and ZIP Code

Louise M. Watkins
1421 Seville Place
Lakeland, FL 33803

Name of Employer

n/a

Date (month,
day, year)

5/06/93

Amount of Each
Receipt this Period

450.00

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

Occupation

housewife

Aggregate Year-to-Date > \$

1,010.00

E. Full Name, Mailing Address and ZIP Code

Margaret S. Watson
2223 Nevada Road
Lakeland, FL 33803

Name of Employer

n/a

Date (month,
day, year)

5/04/93

Amount of Each
Receipt this Period

250.00

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

Occupation

homemaker

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

Gavin H. Watson, Jr.
8617 Bay Ridge Blvd.
Orlando, FL 32819

Name of Employer

self-employed

Date (month,
day, year)

3/31/93

Amount of Each
Receipt this Period

500.00

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

Occupation

investor

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Gavin H. Watson, Jr.
8617 Bay Ridge Blvd.
Orlando, FL 32819

Name of Employer

self-employed

Date (month,
day, year)

4/12/93

Amount of Each
Receipt this Period(500.00)
redesignatedReceipt For ☒ Primary ☐ General
☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975 A-92-24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FORM LINE NUMBER

208

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purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

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FOR LINE NUMBER

11a

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 any other purpose, 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 NACK

A. Full Name, Mailing Address and ZIP Code

Lucile S. Noyes
2605 31st Street, N.W.
Washington, D.C. 20008Receipt For ☒ Primary ☐ General
(Other specify)

Name of Employer

n/a

Occupation

housewife

Aggregate Year-to-Date \$

Date (month
day, year)

2/12/91

Amount of Each
Receipt this Period

1,000.00

B. Full Name, Mailing Address and ZIP Code

Michael A. Sandifer
2615 Forest Point Ct.
Jacksonville, FL 32217Receipt For ☒ Primary ☐ General
(Other specify)

Name of Employer

Cain & Buttsman, Inc.

Occupation

asset management

Aggregate Year-to-Date \$

Date (month
day, year)

1/15/91

Amount of Each
Receipt this Period

200.00

C. Full Name, Mailing Address and ZIP Code

Michael A. Sandifer
2615 Forest Point Ct.
Jacksonville, FL 32217Receipt For ☐ Primary ☒ General
(Other specify)

Name of Employer

Cain & Buttsman, Inc.

Occupation

asset management

Aggregate Year-to-Date \$

Date (month
day, year)

1/15/91

Amount of Each
Receipt this Period

200.00

D. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487Receipt For ☒ Primary ☐ General
(Other specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month
day, year)

2/14/91

Amount of Each
Receipt this Period

750.00

E. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487
\$350 refund 7/22/91Receipt For ☒ Primary ☐ General
(Other specify)

Name of Employer

n/a

Occupation

retired

Aggregate Year-to-Date \$

Date (month
day, year)

4/08/91

Amount of Each
Receipt this Period

500.00

F. Full Name, Mailing Address and ZIP Code

Eric Nickolsen
2761 Dunsinane Road
Pensacola, FL 32503Receipt For ☒ Primary ☐ General
(Other specify)

Name of Employer

Citizens & Peoples

Occupation

banker

Aggregate Year-to-Date \$

Date (month
day, year)

1/11/91

Amount of Each
Receipt this Period

400.00

G. Full Name, Mailing Address and ZIP Code

Harry C. Petris
2780 N.E. 9th Court
Pompano Beach, FL 33062Receipt For ☐ Primary ☒ General
(Other specify)

Name of Employer

Petris Pos. Post Ctrl

Occupation

chairman

Aggregate Year-to-Date \$

Date (month
day, year)

5/06/91

Amount of Each
Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0466

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 26 OF 75
FOR LINE NUMBER 11a

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 other political 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 NACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Sandifer 2615 Forest Point Ct. Jacksonville, FL 32217	Cain & Butman, Inc.	9/11/91	800.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation asset management Aggregate Year-to-Date \$ 1,300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. B. Burroughs, Jr. 2626 Apache Avenue Jacksonville, FL 32210	information requested	11/08/91	500.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested Aggregate Year-to-Date \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Lageschulte 2644 Shriver Drive Ft. Myers, FL 33901	Hooter's	11/29/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation OWNER Aggregate Year-to-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven P. J. Wood 2727 S. Ocean Blvd. Highland Beach, FL 33487	n/a	8/12/91	150.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired Aggregate Year-to-Date \$ 1,250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily B. Smith 2767 Forest Circle Jacksonville, FL 32257	information requested	10/29/91	1,000.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation information requested Aggregate Year-to-Date \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ward C. Case 2777 Gulf Shore Blvd. N. Naples, FL 33940	self-employed	10/21/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation insurance/real estate Aggregate Year-to-Date \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Jean Davis 2800 Biscayne Blvd., #310 Miami, FL 33137	McArthur Mgmt. Co.	10/02/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation president Aggregate Year-to-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975472
3932

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 33 OF 110
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Richard M. Renover
2630 Parisian Court
Punta Gorda, FL 33950

Name of Employer

self-employed

Date (month,
day, year)

2/04/92

Amount of Each
Receipt this Period

150.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$ 300.00

B. Full Name, Mailing Address and ZIP Code

Richard M. Renover
2630 Parisian Court
Punta Gorda, FL 33950

Name of Employer

self-employed

Date (month,
day, year)

2/20/92

Amount of Each
Receipt this Period

150.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

attorney

Aggregate Year-to-Date \$ 300.00

C. Full Name, Mailing Address and ZIP Code

Paul R. Ilyinskiy
270 Algon
Palm Beach, FL 33480

Name of Employer

information requested

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

information requested

Aggregate Year-to-Date \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Anton Samour
2701 S.W. 110th Avenue
Miami, FL 33165

Name of Employer

S & A Distributors

Date (month,
day, year)

6/22/92

Amount of Each
Receipt this Period

300.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

electronics

Aggregate Year-to-Date \$ 300.00

E. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)

3/03/92

Amount of Each
Receipt this Period

500.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

retired

Aggregate Year-to-Date \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Herbert K. Anspach
2760 N.W. 29th Drive
Boca Raton, FL 33434

Name of Employer

self-employed

Date (month,
day, year)

2/11/92

Amount of Each
Receipt this Period

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

commodities trader

Aggregate Year-to-Date \$ 600.00

G. Full Name, Mailing Address and ZIP Code

Herbert K. Anspach
2760 N.W. 29th Drive
Boca Raton, FL 33434

Name of Employer

self-employed

Date (month,
day, year)

4/13/92

Amount of Each
Receipt this Period

200.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

commodities trader

Aggregate Year-to-Date \$ 600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 327 OF 331
FOR LINE NUMBER 118

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Thomas G. Wolf
3301 Bayshore Blvd., Unit 1106
Tampa, FL 33629

Name of Employer

Wolf Advisory Intl.

Date (month,
day, year)
4/02/93Amount of Each
Receipt this Period
500.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

information requested

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Marshall I. Wolper
714 W. Di Lido Drive
Miami Beach, FL 33139

Name of Employer

Marshall Wolper Co.

Date (month,
day, year)
3/12/93Amount of Each
Receipt this Period
500.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

insurance

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)
1/25/93Amount of Each
Receipt this Period
1,000.00Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 150.00

D. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)
2/20/93Amount of Each
Receipt this Period
(850.00)
reattributedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 150.00

E. Full Name, Mailing Address and ZIP Code

Collette Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)
2/20/93Amount of Each
Receipt this Period
850.00
reattributedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 850.00

F. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)
2/20/93Amount of Each
Receipt this Period
(150.00)
redesignatedReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 150.00

G. Full Name, Mailing Address and ZIP Code

Steven P. J. Wood
2727 S. Ocean Blvd.
Highland Beach, FL 33487

Name of Employer

n/a

Date (month,
day, year)
2/20/93Amount of Each
Receipt this Period
150.00
redesignatedReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

retired

Aggregate Year-to-Date > \$ 150.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030807507541

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePage 32 of 58
FOR LINE NUMBER 118

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NAME OF COMMITTEE in Full

FRIENDS OF COOKIE ROCK

A. Full Name, Mailing Address and ZIP Code George W. Jenkins P. O. Box 407 Lakeland, FL 33803 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Publix Supermarkets Occupation chairman Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 6/20/89	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Tully F. Dunlap P. O. Box 430 La Balle, FL 33935 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer NCR Occupation barber Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Miccosukee Tribe of Indians P. O. Box 44021 Miami, FL 33144 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a-partnership Occupation n/a Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 2/21/89	Amount of Each Receipt this Period 750.00
D. Full Name, Mailing Address and ZIP Code E. Everett Bailey P. O. Box 4500, 1000 Wekiwa Springs Longwood, FL 32779 Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer self-employed Occupation real estate broker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2/15/89	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Russell B. Norton, Jr. P. O. Box 52898 Jacksonville, FL 32201 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer self-employed Occupation private investor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/23/89	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Carol St. James P. O. Box 547008 Orlando, FL 32854 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 6/13/89	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code William G. St. James P. O. Box 547008 Orlando, FL 32854 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer information requested Occupation information requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/13/89	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE 11a
11a

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NAME OF COMMITTEE in Full

FRIENDS OF CONNIE RACK

A. Full Name, Mailing Address and ZIP Code
Ben Hill Griffin, Jr.
P. O. Box 368
Frostproof, FL 33843

Name of Employer

self-employed

Date (month, day, year)

9/05/89

Amount of Each Receipt this Period

330.00

Occupation

citrus and cattle

Aggregate Year-to-Date \$

330.00

Receipt For ☒ Salary ☐ General
Other (specify)B. Full Name, Mailing Address and ZIP Code
H. N. Hardy
P. O. Box 369
Thonotosassa, FL 33592

Name of Employer

HNH Marine

Date (month, day, year)

9/05/89

Amount of Each Receipt this Period

330.00

Occupation

contractor

Aggregate Year-to-Date \$

580.00

Receipt For ☒ Salary ☐ General
Other (specify)C. Full Name, Mailing Address and ZIP Code
Thomas E. Oakley
P. O. Box 4170
Lake Wales, FL 33859

Name of Employer

Oakley Groves, Inc.

Date (month, day, year)

8/29/89

Amount of Each Receipt this Period

330.00

Occupation

OWNER

Aggregate Year-to-Date \$

330.00

Receipt For ☒ Salary ☐ General
Other (specify)D. Full Name, Mailing Address and ZIP Code
A. Bronson Thayer
P. O. Box 429
Thonotosassa, FL 33592

Name of Employer

Lykes Brothers

Date (month, day, year)

11/06/89

Amount of Each Receipt this Period

330.00

Occupation

finance

Aggregate Year-to-Date \$

330.00

Receipt For ☒ Salary ☐ General
Other (specify)E. Full Name, Mailing Address and ZIP Code
Charles S. Isler, III
P. O. Box 430
Panama City, FL 32402

Name of Employer

Isler, Harmon & Banks

Date (month, day, year)

9/11/89

Amount of Each Receipt this Period

330.00

Occupation

attorney

Aggregate Year-to-Date \$

330.00

Receipt For ☒ Salary ☐ General
Other (specify)F. Full Name, Mailing Address and ZIP Code
Miccosukee Tribe of Indians
P. O. Box 44021
Miami, FL 33144

Name of Employer

n/a

Date (month, day, year)

7/31/89

Amount of Each Receipt this Period

50.00

Occupation

n/a

Aggregate Year-to-Date \$

800.00

Receipt For ☒ Salary ☐ General
Other (specify)Full Name, Mailing Address and ZIP Code
Dwight M. DeVane, Sr.
P. O. Box 457
Polk City, FL 33868

Name of Employer

n/a

Date (month, day, year)

7/13/89

Amount of Each Receipt this Period

500.00

Occupation

retired

Aggregate Year-to-Date \$

830.00

Receipt For ☒ Salary ☐ General
Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Attachment # 89C

Use a
for each category of the
Detailed Summary Page 57 75
FOR LINE NUMBER 118

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maine Sweett, III 8963 Crichton Woods Drive Orlando, FL 32819	information requested	11/13/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey E. Chernin 8990 S.W. 6th Court Plantation, FL 33324	information requested	11/25/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation medical mgr. Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey E. Chernin 8990 S.W. 6th Court Plantation, FL 33324	information requested	11/25/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation medical mgr. Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Chernin 8990 S.W. 6th Court Plantation, FL 33324	information requested	11/25/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Chernin 8990 S.W. 6th Court Plantation, FL 33324	information requested	11/25/91	1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miccosukee Tribe of Indians P. O. Box 440021 Miami, FL 33144	n/a-partnership	10/24/91	500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation n/a Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jimmie Bart P. O. Box 440021 Miami, FL 33144	information requested	10/24/91	125.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation information requested Aggregate Year-to-Date > \$ 250.00		(BMMO)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use this schedule for each category of the Detailed Summary Page

PAGE 11

59 75

FOR LINE NUMBER 118

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NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve B. Decker 9999 Collins Avenue, #P5B Bal Harbour, FL 33154	Florida Medical Ctr. Occupation: administrator	11/01/91	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wicomicoke Tribe of Indians P. O. Box 440021 Miami, FL 33144	n/a-partnership Occupation: n/a	10/24/91	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jimmie Bart P. O. Box 440021 Miami, FL 33144	information requested Occupation: information requested	10/24/91	125.00 (memo)
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy Cypress P. O. Box 440021 Miami, FL 33144	information requested Occupation: information requested	10/24/91	125.00 (memo)
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jasper Nelson P. O. Box 440021 Miami, FL 33144	information requested Occupation: information requested	10/24/91	125.00 (memo)
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Osceola P. O. Box 440021 Miami, FL 33144	information requested Occupation: information requested	10/24/91	125.00 (memo)
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Walker Boca Raton Hotel & Club, Villa 1431 Boca Raton, FL 33432	n/a Occupation: retired	11/06/91	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date: \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary Page

PAGE

7

FOR THE YEAR

2008

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

94030975479

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 OF 16
FOR LINE NUMBER 11c

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NAME OF COMMITTEE IN FULL

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Gray, Harris & Robinson PAC
201 E. Pine Street, Suite 1200
Orlando, FL 32801Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

1,000.00

B. Full Name, Mailing Address and ZIP Code

Morgan Companies PAC
23 Wall Street
New York, NY 10015Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

10/28/91

Amount of Each Receipt this Period

1,000.00

C. Full Name, Mailing Address and ZIP Code

Home Shopping Network PAC
2505 118th Avenue, North
St. Petersburg, FL 33716Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

2,000.00

D. Full Name, Mailing Address and ZIP Code

Manufacturers Hanover PAC
270 Park Avenue, 34th Floor
New York, NY 10017Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

10/31/91

Amount of Each Receipt this Period

1,000.00

E. Full Name, Mailing Address and ZIP Code

House PAC
2700 Sanders Road
Prospect Heights, IL 60070Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

11/04/91

Amount of Each Receipt this Period

1,000.00

F. Full Name, Mailing Address and ZIP Code

Chemical Bank Good Govt. Fund
277 Park Ave., Third Floor
New York, NY 10172Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

12/04/91

Amount of Each Receipt this Period

1,000.00

G. Full Name, Mailing Address and ZIP Code

Ogden Corp. PAC
277 Park Avenue
New York, NY 10017Receipt For ☐ Other (specify) ☒ Primary ☐ General

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date > \$

Date (month, day, year)

11/01/91

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 1 OF 5
FOR LINE NUMBER 11C

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NAME OF COMMITTEE to Pull

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

General Mills, Inc. PAC
Information requested

Name of Employer

n/a

Date (month,
day, year)

1/15/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

Alltel Corp. PAC
100 Executive Parkway
Madison, OH 44236

Name of Employer

n/a

Date (month,
day, year)

3/19/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

UBT PAC
100 West Putnam Avenue
Greenwich, CT 06830

Name of Employer

n/a

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

2,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

2,000.00

D. Full Name, Mailing Address and ZIP Code

Amer Cons. Engineers PAC
1015 15th Street, N.W., Suite 802
Washington, D.C. 20005

Name of Employer

n/a

Date (month,
day, year)

1/08/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

BallSouth Federal PAC
150 S. Monroe Street, Suite 499
Tallahassee, FL 32301

Name of Employer

n/a

Date (month,
day, year)

3/30/92

Amount of Each
Receipt this Period

100.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

BallSouth Federal PAC
150 S. Monroe Street, Suite 499
Tallahassee, FL 32301

Name of Employer

n/a

Date (month,
day, year)

3/30/92

Amount of Each
Receipt this Period

400.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

500.00

G. Full Name, Mailing Address and ZIP Code

Gray, Harris & Robinson PAC
201 E. Pine Street, Suite 1200
Orlando, FL 32801

Name of Employer

n/a

Date (month,
day, year)

1/05/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page with line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 15 OF 33
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

General Electric Co. PAC
1331 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Name of Employer

n/a

Date (month,
day, year)

3/01/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

2,000.00

B. Full Name, Mailing Address and ZIP Code

Golden State PAC
11355 W. Olympic Blvd., 2nd Floor
Los Angeles, CA 90064

Name of Employer

n/a

Date (month,
day, year)

6/17/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Good Government Management Asso.
P. O. Box 14065
Juno Beach, FL 33408

Name of Employer

n/a

Date (month,
day, year)

4/01/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

2,000.00

D. Full Name, Mailing Address and ZIP Code

Good Government Management Asso.
P. O. Box 14065
Juno Beach, FL 33408

Name of Employer

n/a

Date (month,
day, year)

5/11/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

2,000.00

E. Full Name, Mailing Address and ZIP Code

Great Western Financial Corp Comm.
8484 Wilshire Blvd.
Beverly Hills, CA 90211

Name of Employer

n/a

Date (month,
day, year)

3/11/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Gray, Harris & Robinson PAC
201 E. Pine Street, Suite 1200
Orlando, FL 32801

Name of Employer

n/a

Date (month,
day, year)

6/02/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

Greenburg, Traurig PAC
1221 Brickell Avenue
Miami, FL 33131

Name of Employer

n/a

Date (month,
day, year)

6/30/93

Amount of Each
Receipt this Period

5,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

5,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309754829

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 04
18 20
FOR LINE 14B(1) 11c

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

No. Minnesota Sugar Co-op PAC
P. O. Box 500
Hennepin, MN 56284Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/28/89

Amount of Each
Receipt this Period

500.00

Occupation

n/a

Aggregate Year-to-Date \$

500.00

B Full Name, Mailing Address and ZIP Code

Barnett People for Better Gov.
P. O. Box 5257
Tallahassee, FL 32314Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/06/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

C Full Name, Mailing Address and ZIP Code

First Fle Partners for Good Gov.
P. O. Box 5314
Tallahassee, FL 32314Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

2/16/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

D Full Name, Mailing Address and ZIP Code

General Mills Restaurants PAC
P. O. Box 593330
Orlando, FL 32859Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/19/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

E Full Name, Mailing Address and ZIP Code

Florida Health PAC
P. O. Box 60099
Jacksonville, FL 32236Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/17/89

Amount of Each
Receipt this Period

500.00

Occupation

n/a

Aggregate Year-to-Date \$

1,500.00

F Full Name, Mailing Address and ZIP Code

Florida Health PAC
P. O. Box 60099
Jacksonville, FL 32236Receipt For ☒ Primary ☐ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/27/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,500.00

G Full Name, Mailing Address and ZIP Code

Textron PAC
P. O. Box 878
Providence, RI 02901Receipt For ☐ Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/11/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

3,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8
FOR LINE NUMBER 110

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Snypac P. O. Box 271082 Tampa, FL 33688		Name of Employer n/a	Date (month, day, year) 7/07/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Barnett People for Better Gov. P. O. Box 5257 Tallahassee, FL 32314		Name of Employer n/a	Date (month, day, year) 11/06/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code Hallpac - Federal P. O. Box 580 Kansas City, MO 64141		Name of Employer n/a	Date (month, day, year) 11/27/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Fleet/Norstar Financial Group PAC Peter D. Kiernan Plaza Albany, NY 12207		Name of Employer n/a	Date (month, day, year) 11/22/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Coca-Cola Co. Committee Post Office Drawer 1734 Atlanta, GA 30301		Name of Employer n/a	Date (month, day, year) 11/06/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code The Limited, Inc. PAC Two Limited Parkway Columbus, OH 43230		Name of Employer n/a	Date (month, day, year) 9/18/89	Amount of Each Receipt this Period 1,000.00
Receipt For <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005 (error correction)		Name of Employer n/a	Date (month, day, year) 4/20/89	Amount of Each Receipt this Period (2,300.00)
Receipt For <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation n/a	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL TR-4 Per-od (last page (the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 14 OF 16
FOR LINE NUMBER 11c

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. Only the name and address of any political committee to which contributions are made from such committee.

NAME OF CONTRIBUTOR IN FULL

FRIENDS OF CONNIE NACK

A. Full Name, Mailing Address and ZIP Code

Georgia Power Co. PAC
P. O. Box 4545
Atlanta, GA 30302

Name of Employer

N/A

Date (month,
day, year)

11/26/91

Amount of Each
Receipt this Period

250.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

250.00

B. Full Name, Mailing Address and ZIP Code

Florida Rock Good Govt. Comm.
P. O. Box 4667
Jacksonville, FL 32201

Name of Employer

N/A

Date (month,
day, year)

11/21/91

Amount of Each
Receipt this Period

1,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

1,400.00

C. Full Name, Mailing Address and ZIP Code

Barnett People for Better Govt.
P. O. Box 5257
Tallahassee, FL 32314

Name of Employer

N/A

Date (month,
day, year)

10/07/91

Amount of Each
Receipt this Period

2,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

2,200.00

D. Full Name, Mailing Address and ZIP Code

Barnett People for Better Govt.
P. O. Box 5257
Tallahassee, FL 32314

Name of Employer

N/A

Date (month,
day, year)

11/18/91

Amount of Each
Receipt this Period

200.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

2,200.00

E. Full Name, Mailing Address and ZIP Code

General Mills Restaurants PAC
P. O. Box 593330
Orlando, FL 32859

correction of error-see PAC's report

Name of Employer

N/A

Date (month,
day, year)

4/19/89

Amount of Each
Receipt this Period

(3,000.00)

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

Occupation

N/A

Aggregate Year-to-Date > \$

-

F. Full Name, Mailing Address and ZIP Code

General Mills Restaurants PAC
P. O. Box 593330
Orlando, FL 32859

correction of error-see PAC's report

Name of Employer

N/A

Date (month,
day, year)

4/19/89

Amount of Each
Receipt this Period

3,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

-

G. Full Name, Mailing Address and ZIP Code

General Mills Restaurants PAC
P. O. Box 593330
Orlando, FL 32859

Name of Employer

N/A

Date (month,
day, year)

11/04/91

Amount of Each
Receipt this Period

3,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

3,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule
for each category of the
Detailed Summary PagePAGE 4 OF 5
FOR LINE NUMBER 11c

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 HACK

A. Full Name, Mailing Address and ZIP Code

First Chicago Corp. PAC
One First Nat'l Plaza, Suite 0530
Chicago, IL 60670

Name of Employer

N/A

Date (month,
day, year)

3/13/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

The Pitman Co. Cont. Account
P. O. Box 12529
Jacksonville, FL 32209

Name of Employer

N/A

Date (month,
day, year)

5/26/92

Amount of Each
Receipt this Period

200.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

200.00

C. Full Name, Mailing Address and ZIP Code

Southwest Marine, Inc. PAC
P. O. Box 13308
San Diego, CA 92113

Name of Employer

N/A

Date (month,
day, year)

3/09/92

Amount of Each
Receipt this Period

500.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Good Government Management Assoc.
P. O. Box 14065
Juno Beach, FL 33408

Name of Employer

N/A

Date (month,
day, year)

4/02/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

Boggs
P. O. Box 271082
Tampa, FL 33688

Name of Employer

N/A

Date (month,
day, year)

6/05/92

Amount of Each
Receipt this Period

500.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Florida Rock Good Government Comm.
P. O. Box 4467
Jacksonville, FL 32201

Name of Employer

N/A

Date (month,
day, year)

3/27/92

Amount of Each
Receipt this Period

400.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

400.00

G. Full Name, Mailing Address and ZIP Code

BRIGHT PEOPLE FOR BETTER GOVERNMENT
P. O. Box 5257
Tallahassee, FL 32314

Name of Employer

N/A

Date (month,
day, year)

4/16/92

Amount of Each
Receipt this Period

1,000.00

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

Occupation

N/A

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (on page this line number only)

MEMO SCHEDULE

SCHEDULE A

ITEMIZED RECEIPTS

LINE NUMBER 110
PAGE 1 OF 1

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

Attributable Contributions from WARNER NICKLES 1993 COMMITTEE

Friends of Connie Mack Committee

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

94030975487

MODULE B

ITEMIZED DISBURSEMENTS

Use separate schedule
for each category of the
Detailed Summary Page

PAGE

1

1

FOR LINE NUMBER

20C

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 any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code
 Barnett People for Better Gov.
 P. O. Box 5257
 Tallahassee, FL 32314

Purpose of Disbursement
 contribution refund

Date (month
 day, year)
 5/14/93

Amount of Each
 Disbursement This Period
 200.00

Disbursement for Primary General
☐ Other (specify)

B. Full Name, Mailing Address and ZIP Code
 Campaign America
 919 Prince Street
 Alexandria, VA 22314

Purpose of Disbursement
 contribution refund

Date (month
 day, year)
 6/03/93

Amount of Each
 Disbursement This Period
 1,000.00

Disbursement for Primary General
☐ Other (specify)

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
 day, year)

Amount of Each
 Disbursement This Period

Disbursement for Primary General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,200.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 6 OF 33
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

Barnett People for Better Govt.
P. O. Box 5257
Tallahassee, FL 32314

Name of Employer

n/a

Date (month,
day, year)

2/08/93

Amount of Each
Receipt this Period

2,000.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

2,554.55

B. Full Name, Mailing Address and ZIP Code

Barnett People for Better Govt.
P. O. Box 5257
Tallahassee, FL 32314

Name of Employer

n/a

Date (month,
day, year)

2/11/93

Amount of Each
Receipt this Period

300.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

2,554.55

C. Full Name, Mailing Address and ZIP Code

Baypac
P. O. Box 271082
Tampa, FL 33688

Name of Employer

n/a

Date (month,
day, year)

3/08/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

500.00

D. Full Name, Mailing Address and ZIP Code

Beet Sugar PAC
1156 15th Street, N.W.
Washington, D.C. 20005

Name of Employer

n/a

Date (month,
day, year)

3/22/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

E. Full Name, Mailing Address and ZIP Code

BellSouth Federal PAC
150 S. Monroe Street, Suite 499
Tallahassee, FL 32301

Name of Employer

n/a

Date (month,
day, year)

2/11/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,200.00

F. Full Name, Mailing Address and ZIP Code

BellSouth Federal PAC
150 S. Monroe Street, Suite 499
Tallahassee, FL 32301

Name of Employer

n/a

Date (month,
day, year)

3/25/93

Amount of Each
Receipt this Period

200.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,200.00

G. Full Name, Mailing Address and ZIP Code

BenPAC
200 Beneficial Center
Peapack, NJ 07977

Name of Employer

n/a

Date (month,
day, year)

3/22/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

940309075048933

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 12 OF 20
FOR LINE NUMBER 11c

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A Full Name, Mailing Address and ZIP Code

Washington PAC
444 N. Capitol St., N.W., Suite 712
Washington, D.C. 20001Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/17/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

B Full Name, Mailing Address and ZIP Code

NEBA Political Action Fund
444 N. Capitol Street
Washington, D.C. 20001Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/03/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

C Full Name, Mailing Address and ZIP Code

Walt Disney Co. Employees' PAC
500 S. Buena Vista
Burbank, CA 91521Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

6/26/89

Amount of Each
Receipt this Period

3,000.00

Occupation

n/a

Aggregate Year-to-Date \$

3,000.00

D Full Name, Mailing Address and ZIP Code

KeyCorp PAC

information requested

Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

2/13/89

Amount of Each
Receipt this Period

250.00

Occupation

n/a

Aggregate Year-to-Date \$

250.00

E Full Name, Mailing Address and ZIP Code

NEBA PAC
5205 Leesburg Pike, Suite 505
Falls Church, VA 22041Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/11/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

F Full Name, Mailing Address and ZIP Code

Independent Ins. Agents of Amer. PAC
600 Pennsylvania Ave., S.E., #200
Washington, D.C. 20003Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

3/17/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

G Full Name, Mailing Address and ZIP Code

American Sugar Cane League PAC
615 Whitney Bank Bldg.
New Orleans, LA 70130Receipt For Primary ☒ General
Other (specify)

Name of Employer

n/a

Date (month,
day, year)

4/19/89

Amount of Each
Receipt this Period

1,000.00

Occupation

n/a

Aggregate Year-to-Date \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94030975490

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary PagePAGE 5
FORM LINE NUMBER
11c

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code Prof. Ins. Agents PAC 400 N. Washington Street Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 12/18/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 North Michigan Avenue Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 12/08/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 4,000.00
C. Full Name, Mailing Address and ZIP Code NEBA PAC 5205 Leesburg Pike, Suite 505 Falls Church, VA 22041 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 11/06/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 2,000.00
D. Full Name, Mailing Address and ZIP Code Rockwell Instl Good Government Comm. 600 Grant Street Pittsburg, PA 15219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 12/29/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Ind. Insurance Agents of Amer PAC 600 Pennsylvania Ave., S.E., #200 Washington, D.C. 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 11/06/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 2,000.00
F. Full Name, Mailing Address and ZIP Code District 2 NEBA-AND Fund 635 Fourth Avenue Brooklyn, NY 11232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 11/06/89 Amount of Each Receipt this Period 2,000.00 Aggregate Year-to-Date \$ 4,000.00
G. Full Name, Mailing Address and ZIP Code Asso of Bank Holding Co. PAC 730 15th Street, N.W. Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Name of Employer n/a Occupation n/a Aggregate Year-to-Date \$	Date (month, day, year) 11/06/89 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 9 OF 16
FOR LINE NUMBER 11c

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

NAME OF COMMITTEE TO FILE

FRIENDS OF CONNIE HACK

A. Full Name, Mailing Address and ZIP Code

Auto Dealers & Drivers PAC
153-12 Hillside Ave.
Jamaica, NY 11435

Name of Employer

n/a

Date (month, day, year)

7/01/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

sourced through:
Campaign America
919 Prince Street
Alexandria, VA 22314

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

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

C. Full Name, Mailing Address and ZIP Code

District 2 MEBA-AND Fund
635 Fourth Avenue
Brooklyn, NY 11232
\$2000 refunded 1/28/92

Name of Employer

n/a

Date (month, day, year)

10/28/91

Amount of Each Receipt this Period

5,000.00

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

Occupation

Aggregate Year-to-Date > \$

5,000.00

D. Full Name, Mailing Address and ZIP Code

Southern Co. Services PAC
64 Perimeter Center, East
Atlanta, GA 30346

Name of Employer

n/a

Date (month, day, year)

11/26/91

Amount of Each Receipt this Period

500.00

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

Occupation

Aggregate Year-to-Date > \$

500.00

E. Full Name, Mailing Address and ZIP Code

Northrup Employees PAC
650 California Street, Suite 2650
San Francisco, CA 94108

Name of Employer

n/a

Date (month, day, year)

12/30/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

Aggregate Year-to-Date > \$

1,000.00

F. Full Name, Mailing Address and ZIP Code

Southern Bell Federal PAC
675 W. Peachtree St., Room 36763
Atlanta, GA 30375

Name of Employer

n/a

Date (month, day, year)

11/26/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

Aggregate Year-to-Date > \$

1,900.00

G. Full Name, Mailing Address and ZIP Code

Martin Marietta PAC
6801 Rockledge Avenue
Bethesda, MD 20817

Name of Employer

n/a

Date (month, day, year)

7/29/91

Amount of Each Receipt this Period

1,000.00

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

Occupation

Aggregate Year-to-Date > \$

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page one line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Schedule Page 1 2
20a

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

E. C. Allen
621 North Calhoun
Tallahassee, FL 32301

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

100.00

B. Full Name, Mailing Address and ZIP Code

Amy S. Austin
4617 San Miguel
Tampa, FL 33629

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

100.00

C. Full Name, Mailing Address and ZIP Code

Marsha S. Blanton
P. O. Box 3256
Pensacola, FL 32516

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

100.00

D. Full Name, Mailing Address and ZIP Code

Chalit Chearvechai, M.D.
2438 E. Commercial Blvd.
St. Lauderdale, FL 33308

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

100.00

E. Full Name, Mailing Address and ZIP Code

District 2 MEBA-AMD Fund
635 Fourth Avenue
Brooklyn, NY 11232

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

2,000.00

F. Full Name, Mailing Address and ZIP Code

Y. E. Hall, Jr.
P. O. Box 18247
Jacksonville, FL 32229

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

800.00

G. Full Name, Mailing Address and ZIP Code

Walter Loeberberg
7834 9th Avenue, S.
St. Petersburg, FL 33707

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

240.00

H. Full Name, Mailing Address and ZIP Code

James Elliott Messer
P. O. Box 1876
Tallahassee, FL 32302

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

90.00

I. Full Name, Mailing Address and ZIP Code

Howard W. Nix, Jr.
One Beach Drive, S.E., #2611
St. Petersburg, FL 33701

Purpose of Disbursement

contribution refund

Disbursement for Primary General
Other (specify)

Date (month
day year)

1/28/92

Amount of Disbursement (in dollars)

10.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

MODULE A

ITEMIZED RECEIPTS

Use space
for each category of the
Detailed Summary Page1 4
FOR LINE NUMBER
11C

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

NAME OF COMMITTEE (in Full)

FRIENDS OF CONNIE MACK

A. Full Name, Mailing Address and ZIP Code

R.O.U. PAC
100 Indiana Avenue, N.W., #311
Washington, D.C. 20001Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

7/01/92

Amount of Each
Receipt this Period

2,000.00

Full Name, Mailing Address and ZIP Code

American Health Care Asso. PAC
1201 L Street, N.W.
Washington, D.C. 20005Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

10/19/92

Amount of Each
Receipt this Period

400.00

C. Full Name, Mailing Address and ZIP Code

BellSouth Federal PAC
150 S. Monroe Street, Suite 499
Tallahassee, FL 32301Receipt For: ☐ Primary ☒ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

12/18/92

Amount of Each
Receipt this Period

500.00

D. Full Name, Mailing Address and ZIP Code

Sun Bank PAC
150 South Monroe Street, Suite 200
Tallahassee, FL 32301Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

8/14/92

Amount of Each
Receipt this Period

500.00

E. Full Name, Mailing Address and ZIP Code

Sun Bank PAC
150 South Monroe Street, Suite 200
Tallahassee, FL 32301Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

12/03/92

Amount of Each
Receipt this Period

150.00

F. Full Name, Mailing Address and ZIP Code

GIL PAC
315 S. Calhoun Street
Tallahassee, FL 32301Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

12/18/92

Amount of Each
Receipt this Period

500.00

G. Full Name, Mailing Address and ZIP Code

Columbia Voluntary Comm.
430 Park Avenue
New York, NY 10022Receipt For: ☒ Primary ☐ General
☐ Other (specify)

Name of Employer

n/a

Occupation

n/a

Aggregate Year-to-Date \$

Date (month,
day, year)

10/05/92

Amount of Each
Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (list page this line number only)

94030975494
94030975494

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 25 OF 33
FOR LINE NUMBER
11C

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 HACK

A. Full Name, Mailing Address and ZIP Code

Power PAC-Edison Electric
1111 19th Street, N.W.
Washington, D.C. 20036

Name of Employer

n/a

Date (month,
day, year)

4/19/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

500.00

B. Full Name, Mailing Address and ZIP Code

Power PAC-Florida Power
Post Office Box 14042
St. Petersburg, FL 33733

Name of Employer

n/a

Date (month,
day, year)

5/27/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Professional Insurance Agents PAC
400 N. Washington Street
Alexandria, VA 22314

Name of Employer

n/a

Date (month,
day, year)

3/15/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

D. Full Name, Mailing Address and ZIP Code

Prudential Insurance Co. PAC
Prudential Plaza
Newark, NJ 07101

Name of Employer

n/a

Date (month,
day, year)

5/03/93

Amount of Each
Receipt this Period

4,000.00

Receipt For ☐ Primary ☒ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

4,000.00

E. Full Name, Mailing Address and ZIP Code

Public Securities PAC
1445 New York Ave., N.W., Suite 800
Washington, D.C. 20005

Name of Employer

n/a

Date (month,
day, year)

4/19/93

Amount of Each
Receipt this Period

500.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

500.00

F. Full Name, Mailing Address and ZIP Code

Public Service Electric & Gas PAC
80 Park Plaza, 4A
Newark, NJ 07102

Name of Employer

n/a

Date (month,
day, year)

4/23/93

Amount of Each
Receipt this Period

1,000.00

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

1,000.00

G. Full Name, Mailing Address and ZIP Code

R.O.U. PAC
100 Indiana Avenue, N.W., #311
Washington, D.C. 20001

Name of Employer

n/a

Date (month,
day, year)

6/01/93

Amount of Each
Receipt this Period

313.01

Receipt For ☒ Primary ☐ General
☐ Other (specify)

Occupation

n/a

Aggregate Year-to-Date > \$

313.01

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2940300907504905

FEDERAL ELECTION COMMISSION

999 E Street, N.W.

Washington, D.C. 20463 APR 29 12 39 PM '94

RECEIVED
FEDERAL ELECTION
COMMISSION
SECRETARIAT

FIRST GENERAL COUNSEL'S REPORT

SENSITIVE

RAD Referral: #93L-92

Date Activated: February 2, 1994

Staff Member: Karen V. Johnson

SOURCE: INTERNALLY GENERATED

RESPONDENTS: Friends of Connie Mack and
Robert I. Watkins, as treasurer

RELEVANT STATUTES: 2 U.S.C. § 441a(a)(1)
2 U.S.C. § 441a(a)(2)
2 U.S.C. § 441a(a)(4)
2 U.S.C. § 441a(f)
11 C.F.R. § 100.5(g)
11 C.F.R. § 100.10
11 C.F.R. § 110.1(a)
11 C.F.R. § 110.1(b)(1)
11 C.F.R. § 110.1(e)
11 C.F.R. § 110.3(a)
11 C.F.R. § 110.3(b)

INTERNAL REPORTS CHECKED: Disclosure Reports

FEDERAL AGENCIES CHECKED: None

I. GENERATION OF MATTER

On December 22, 1993, the Reports Analysis Division ("RAD") referred the Friends of Connie Mack (the "Committee") and Robert I. Watkins, as treasurer, (collectively "Respondents") to the Office of the General Counsel for accepting excessive contributions totaling \$31,466. Attachment 1.¹

1. As noted in the referral, the Committee accepted other excessive contributions that are asterisked on the chart provided by RAD. Those contributions were not included in the referable amount

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II. FACTUAL AND LEGAL ANALYSIS

A. Applicable Law

Under the Federal Election Campaign Act of 1971, as amended (the "Act"), no person may make contributions to any candidate and his authorized political committees with respect to any election for Federal office which exceeds \$1,000, and no multicandidate political committee may make contributions to any candidate and his or her authorized political committees with respect to any election for Federal office which, in the aggregate, exceed \$5,000. 2 U.S.C. §§ 441a(a)(1) and (a)(2). Additionally, Commission Regulations define the term "person" to include partnerships and committees, hence, contributions by partnerships and committees other than multicandidate political committees to any candidate and his authorized political committee(s) are limited to \$1,000. 11 C.F.R. §§ 100.10, 110.1(a), 110.1(b)(1), and 110.1(e).

The Act prohibits candidates and their political committees from knowingly accepting any contributions in excess of the Section 441a limits. 2 U.S.C. § 441a(f). Pursuant to 11 C.F.R. § 103.3(b), the treasurer of a political committee shall be responsible for examining all contributions received for evidence of illegality and for ascertaining whether contributions received, when aggregated with other contributions from the same contributor, exceed the limitations of the Act. Contributions which on their face exceed the contribution limitations of the Act and contributions which do not exceed the limits on their face but which exceed the contribution limits when aggregated with other contributions from the same contributor may either be deposited

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into a campaign depository or returned to the contributor. 11 C.F.R. § 103.3(b)(3). If such contribution is deposited, the treasurer may request redesignation or reattribution. Id. A contribution is considered to be redesignated if the treasurer of the recipient committee requests that the contributor provide a written redesignation of the contribution, and informs the contributor that a refund of the contribution may be requested as an alternative to redesignation, and if the signed redesignation is obtained from the contributor within sixty days. 11 C.F.R. § 110.2(b)(5)(ii). If redesignation or reattribution of the excessive contribution is not obtained, the treasurer shall refund the contribution within sixty days from the date of receipt. 11 C.F.R. §§ 103.3(b)(3) and 110.2(b)(3).

B. Analysis

The Committee's 1991 Mid-Year Report, 1991 Year End Report, 1992 Mid-Year Report and 1992 Year End Report disclose that the Committee accepted excessive contributions totaling \$31,466 (\$9,630 during 1991 and \$21,836 during 1992). These excessive contributions were made by eighty-eight (88) individuals (\$24,466), one (1) partnership (\$800), one (1) non-qualified political action committee that had not met the statutory qualifications for multicandidate status (\$1,000) and two (2) qualified multicandidate political committees (\$5,200).² The Committee refunded, redesignated, or reattributed all but three (3) of the individual contributions (\$23,916) within three to six

2. One of the multicandidate committees is comprised of three political committees which are affiliated and are considered one multicandidate political committee for purposes of contribution limits. 11 C.F.R. §§ 100.5(g) and 110.3(a).

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months from the date of receipt and before receiving any inquiry from RAD. The Committee refunded, redesignated, or reattributed the remaining excessive contributions (\$7,550) within 13-20 months. Of this last category, refunds occurred after discussion with RAD clarified the Committee's misunderstanding concerning the political action committee that had not met the statutory qualifications for multicandidate status and the affiliation status of a multicandidate committee.

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The Committee took voluntary corrective action and demonstrated a willingness to remedy the remaining excessive amounts in a timely manner. Upon clarification of the status of the remaining committees, further refunds were made to remedy the total amount of excessive contributions at issue in this matter. Finally, as noted in the Committee's correspondence with RAD (Attachment 1 at page 1 of 2), the Committee's cash levels were such that at no time would the Committee have been in deficit without the funds in controversy.

In light of the foregoing, this Office recommends that the Commission find reason to believe that Friends of Connie Mack and Robert I. Watkins, as treasurer, violated 2 U.S.C. § 441a(f), take no further action, and close the file. This Office will include in the notification letter an admonishment informing the Committee

that acceptance of excessive contributions is a violation of 2 U.S.C. § 441a(f).

III. RECOMMENDATIONS

1. Open a MUR.
2. Find reason to believe that the Friends of Connie Mack and Robert I. Watkins, as treasurer, violated 2 U.S.C. § 441a(f), take no further action, and send a letter of admonishment.
3. Close the file.
4. Approve the appropriate letter.

Lawrence M. Noble
General Counsel

4/26/94
Date

BY:


Lois G. Lerner
Associate General Counsel

Attachment:
Referral Materials³

3. Copies of the receipt schedules disclosing each contribution are not included in the referral attachment to this report but are available for review in OGC Docket.

94030975500

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of

Friends of Connie Mack and
and Robert I. Watkins, as treasurer.

)
)
) RAD Referral
) #93L-92

MUR 3961

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on May 5, 1994, the Commission decided by a vote of 5-0 to take the following actions in RAD Referral #93L-92:

1. Open a MUR.
2. Find reason to believe that the Friends of Connie Mack and Robert I. Watkins, as treasurer, violated 2 U.S.C. § 441a(f), take no further action, and send a letter of admonishment.

(continued)

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3. Close the file.
4. Approve the appropriate letter, as recommended in the General Counsel's Report dated April 26, 1994.

Commissioners Aikens, Elliott, McGarry, Potter, and Thomas voted affirmatively for the decision; Commissioner McDonald did not cast a vote.

Attest:

5-6-94
Date

Marjorie W. Emmons
Marjorie W. Emmons
Secretary of the Commission

Received in the Secretariat: Fri., April 29, 1994 12:39 p.m.
Circulated to the Commission: Mon., May 02, 1994 4:00 p.m.
Deadline for vote: Thurs., May 05, 1994 4:00 p.m.

bjr

94030975502



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20461

MAY 12, 1994

Robert I. Watkins, Treasurer
Friends of Connie Mack
1211 North Westshore Boulevard
Suite 314
Tampa, FL 33607

RE: MUR 3961
Friends of Connie Mack and
Robert I. Watkins, as treasurer

Dear Mr. Watkins:

On May 5, 1994, the Federal Election Commission found reason to believe that the Friends of Connie Mack ("Committee") and you, as treasurer, violated 2 U.S.C. § 441a(f) of the Federal Election Campaign Act of 1971, as amended ("the Act."). However, after considering the circumstances of this matter, the Commission also determined to take no further action and closed its file. The General Counsel's Report, which formed a basis for the Commission's finding, is attached for your information.

The Commission reminds you that accepting excessive contributions is a violation of the Act. You should take steps to ensure that this activity does not occur in the future.

The confidentiality provisions at 2 U.S.C. § 437g(a)(12) no longer apply and this matter is now public. In addition, although the complete file must be placed on the public record within 30 days, this could occur at any time following certification of the Commission's vote. If you wish to submit any factual or legal materials to appear on the public record, please do so as soon as possible. While the file may be placed on the public record before receiving your additional materials, any permissible submissions will be added to the public record upon receipt.

If you have any questions, please contact Karen Johnson, the attorney assigned to this matter, at (202) 219-3690.

For the Commission,


Trevor Potter
Chairman

Enclosure

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 3961

DATE FILMED 5-25-94 CAMERA NO. 2

CAMERAMAN JMA

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