

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
I. Receipts			
11. Contributions (other than loans) From:	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6450	6450	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total	6450	6450	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	6450	6450	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	6450	6450	19
20. Total Federal Receipts	6450	6450	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3050	3050	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds			28(d)
29. Other Disbursements			29
30. Total Disbursements	3050	3050	30
31. Total Federal Disbursements	3050	3050	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6450	6450	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6450	6450	34
35. Total Federal Operating Expenditures	-	-	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures	-	-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

19

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

NAME OF COMMITTEE (In Full)

BAYPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY ROSONKIANZ Tampa, Florida	SELF Occupation: ATTORNEY	1-12-2000	100. -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SYLVAN BILOFF St. Petersburg, FLA	RETIRED Occupation:	3-1-2000	200. -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDY ROSONKIANZ Tampa, Florida	HOUSEWIFE Occupation:	3-1-2000	100. -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERB SWANZMAN Tampa, Florida	SELF Occupation: INVESTMENTS	3-2-2000	1000. -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK ROTH Tampa, Florida	Roth Bros. Roofing Occupation: PRESIDENT	3-2-2000	2000. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LES BARNETT Tampa, FLA	Barnett, Butt Occupation: ATTORNEY	3-2-2000	500. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
ROGER FRANTZLAU Tampa, Florida	Lumpson Cigar Corp Occupation: OWNER	3-3-2000	500. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

4400. -

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 2 OF 2
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

BAYPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Ehm Tampa, FLA	TRAVIS Corp. Occupation: DISTRIBUTOR	3-8-2000	500. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Kopyov Tampa, Florida	ROD-RISD Occupation:	3-8-2000	1000. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LES TUSH Tampa, Florida	SELF Occupation:	3-9-2000	100. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Rice Tampa, FLA	RICE COMPANY Occupation: Real Estate Development	3-9-2000	300. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Ziolanka Tampa, FLORIDA	SELF Occupation: Dentist	3-9-2000	100. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lili KAUFMAN Tampa, FLA	SELF Occupation:	3-9-2000	50. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2050. -

TOTAL This Period (last page this line number only)

6450. -

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 33 OF
FOR LINE NUMBER 33

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NAME OF COMMITTEE (In Full)

BAYPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE BILIRAKS FOR CONGRESS CLEARWATER, FLORIDA	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-22-2000	1000. -
CHARLES COBT FOR FLORIDA EDUCATION COMMISSIONER ST. PETERSBURG, FLORIDA	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-22-2000	500. -
MCCULLUM FOR SENATE ORLANDO, FLORIDA	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-22-2000	1000. -
PAGE CUP FOR STATE SENATE TAMPA, FLORIDA	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-3-2000	200. -
COMMITTEE FOR NEW LEADERSHIP WASH. D.C.	MEMBERSHIP CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-3-2000	100. -
ROTH FOR SENATE WASHINGTON, D.C.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-9-2000	250
G. 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
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)

3050

TOTAL This Period (last page this line number only)

3050

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-31-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Set</i> PREPARER	 4-3-00 DATE PREPARED