REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
01 JUL 18 AM 10: 30

1. NAME OF COMMITTEE (in full): Bill Nelson for U.S. Senate Campaign Committee

ADDRESS (number and street): P.O. Box 10962 ☐ Check if different than previously reported.

2. FEC IDENTIFICATION NUMBER: C00344051

CITY, STATE and ZIP CODE: Tallahassee, FL 32302

STATE/DISTRICT: FL

3. IS THIS REPORT AN AMENDMENT? ☒ YES ☐ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☒ 12 Day Pre-Election Report for the Primary (Type of Election) election on 09/05/2000 in the State of FL
☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for: ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 07/01/2000 through 08/16/2000

	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	$298,279.34	$2,131,148.55
(b) Total Contribution Refunds (From Line 20(c))	$1,200.00	$5,223.14
(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$297,079.34	$2,125,925.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$237,823.32	$643,016.52
(b) Total Offsets to Operating Expenditures (from Line 14)	$943.01	$2,937.28
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$236,880.31	$640,079.24
8. Cash on Hand at Close of Reporting Period (from Line 27)	$3,544,021.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

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

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

Type or Print Name of Treasurer: Peggy Gagnon

Signature of Treasurer: Peggy Gagnon

Date: 7-16-01

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

FEC FORM 3
(Revised 4/87)