

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYPAC

Report Covering the Period: From: **7 / 1 / 2005** To: **12 / 31 / 2005**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		13050-
(b) Cash on Hand at Beginning of Reporting Period.....	11850-	
(c) Total Receipts (from Line 19).....	2000-	2000-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13850-	15050-
7. Total Disbursements (from Line 31).....	5600-	6800-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8250	8250
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26038952038

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

BAYPAC

Report Covering the Period: From:

7 / **7** / **2005**

To:

12 / **31** / **2005**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2000 -

2000 -

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2000 -

2000 -

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2000 -

2000 -

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2000 -

2000 -

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2000 -

2000 -

26038952039

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	3,500 -	4,700 -
(ii) Non-Federal Share.....	2,100 -	2,100 -
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,600 -	6,800 -
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds.....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5,600 -	6,800 -
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,500 -	4,700 -

26038952040

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

2000 -
2000 -
3500 -
3500 -

2000 -
2000 -
4700 -
4700 -

26038952041

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any 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 (Last, First, Middle Initial)
SHARON STEIN

Mailing Address
1825 Bayshore Blvd 33606

City **Tampa** State **FLA** Zip Code

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

Name of Employer **Self** Occupation **Manager Husband's Med. Practice**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000-

Date of Receipt
76 / **5** / **2005**

Amount of Each Receipt this Period
1000-

B. Full Name (Last, First, Middle Initial)
DOUGLAS WILLARD

Mailing Address
3281 LANDMARK DR

City **Clearwater** State **FLA** Zip Code **33761**

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

Name of Employer **Self** Occupation **Developer - Real Estate**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000-

Date of Receipt
12 / **15** / **2005**

Amount of Each Receipt this Period
1000-

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

26038952042

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any 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

Full Name (Last, First, Middle Initial)

A. **RE-ELECT SEN MITCH MCCONNOL**

Date of Disbursement

9 / 25 / 2005

Mailing Address

City **WASHINGTON** State **D.C.** Zip Code

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Candidate Name

Mitch McConnell

Category/
Type

Amount of Each Disbursement this Period

1000-

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **Kentucky**

District:

Full Name (Last, First, Middle Initial)

B. **PETER NEHA FOR STATE REPRESENTATIVE**

Date of Disbursement

9 / 6 / 2005

Mailing Address

City **CLERMONT** State **FL.** Zip Code

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Candidate Name

Peter Neha

Category/
Type

Amount of Each Disbursement this Period

200-

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **FLA**

District:

STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

C. **RE-ELECT MAN RICH**

Date of Disbursement

9 / 26 / 2005

Mailing Address

MONROE ST

City **Tallahassee** State **FL.** Zip Code **32399**

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

200-

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **FLA**

District:

STATE SENATE

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

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

1400-

26038952043

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

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

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **4**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any 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

Full Name (Last, First, Middle Initial)

A. CRIST FOR GOVERNOR

Date of Disbursement

9 / 26 / 2005

Mailing Address

City State Zip Code

ST. PETERSBURG, FLA

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Amount of Each Disbursement this Period

500-

Candidate Name

CHARLIE CRIST

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **GOVERNOR OF FLORIDA**

State: **FLA** District:

Full Name (Last, First, Middle Initial)

B. ALEX SINK FOR CHIEF FINANCIAL OFFICER

Date of Disbursement

11 / 15 / 2005

Mailing Address

BAYSHORE BLVD

City State Zip Code

TAMPA FL 33609

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Amount of Each Disbursement this Period

200-

Candidate Name

ALEX SINK

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **CHIEF FINANCIAL OFFICER**

State: **FLA** District:

Full Name (Last, First, Middle Initial)

C. RE-ELECT JIM TALENT

Date of Disbursement

10 / 25 / 2005

Mailing Address

City State Zip Code

WASHINGTON D.C.

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Amount of Each Disbursement this Period

1000-

Candidate Name

JIM TALENT

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **RE-ELECT**

State: **MISSOURI** District:

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

1700-

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

1700-

26038952044

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any 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. **MEGROH FOR Atty-General**

Full Name (Last, First, Middle Initial)

Mailing Address: ~~Palma Bay Road~~ **Federal Highway**

City: ~~Palma Bay~~ **STUART, FL** State: **FL** Zip Code: **34994**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **JOE MEGROH**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Attorney-General of Fla**

State: **FLA** District:

Date of Disbursement: **11 / 15 / 2005**

Amount of Each Disbursement this Period: **500-**

B. **BILIRAKIS FOR Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **Highway 19**

City: **TARPON SPRINGS, FL** State: **FL** Zip Code: **34684**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **GUS BILIRAKIS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FLA** District: **9th**

Date of Disbursement: **12 / 10 / 2005**

Amount of Each Disbursement this Period: **1000-**

C. **ELECT KEVIN AMSLON**

Full Name (Last, First, Middle Initial)

Mailing Address: **Northdale Blvd**

City: **Tampa** State: **FLA** Zip Code: **33624**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **KEVIN AMSLON**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **STATE HOUSE OF REP.**

State: **FLA** District:

Date of Disbursement: **12 / 20 / 2005**

Amount of Each Disbursement this Period: **500-**

SUBTOTAL of Disbursements This Page (optional) **2000-**

TOTAL This Period (last page this line number only)

26038952045

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any 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 (Last, First, Middle Initial)
RE. Elver Clay Shaw

Mailing Address

City **Miami** State **FL** Zip Code

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
Clay Shaw

Office Sought: House Senate President
State: **FL** District: **22ND**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
500 -

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... **500 -**

TOTAL This Period (last page this line number only)..... **5600 -**

26038852046

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1-12-06</i>
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm 13
 PREPARER
 (3/2005)

1-20-06
 DATE PREPARED

26038952047