REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (In full)

Bill Nelson for U.S. Senate Campaign Committee

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 10962

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 _____ (Type of Election) election on _____ in the State of _____

☐ 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

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 11/28/2000 through 12/31/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(a))	$146,247.71	$4,038,766.10
	(b) Total Contribution Refunds (From Line 20(d))	$12,275.50	$30,898.64
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$133,972.21	$4,007,867.46
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$98,979.40	$6,165,779.02 ~~$6,167,610.74~~
	(b) Total Offsets to Operating Expenditures (from Line 14)	$5,398.30	$10,399.56
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$93,581.10	$6,155,379.46 ~~$6,147,220.18~~
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$3,424.68	
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)	$203,683.01	

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 1-25-01

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)