

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FILED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 14 1 08 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BAYPAC		2. FEC IDENTIFICATION NUMBER 000155713
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Box 271082	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Tampa, Fla 33688		

4. TYPE OF REPORT

(a) 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)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

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 _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7-1-97 through 12-31-97		
6. (a) Cash on Hand January 1, 19 97			\$ 1410.-
(b) Cash on Hand at Beginning of Reporting Period		\$ 210.-	
(c) Total Receipts (from Line 19)		\$ 3125.-	\$ 3125.-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3335.-	\$ 4535.-
7. Total Disbursements (from Line 20)		\$ 1950.-	\$ 3150
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 1385	\$ 1385
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ None	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ None	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type of Firm Name of Treasurer HERB SWARTZMANN		Date 1-6-97	
Signature of Treasurer <i>[Signature]</i>			

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
BAYPAC		FROM 7-1-97	TO 12-31-97	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		3125	3125	11(a)
ii. Unitemized				11(b)
iii. Total (add i and ii) >				11(c)
b. Political Party Committees				11(d)
c. Other Political Committees (such as PACs)				11(e)
d. Total Contributions (add a ii, b and c) >		3125	3125	11(f)
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		3125	3125	19
20. Total Federal Receipts (subtract line 18 from line 19) >		3125	3125	20
II Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures				21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		0	0	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees		1950	3150	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. Individual/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 (add a, b and c) >				28(d)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		1950	3150	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		1950	3150	31
III Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		3125	3125	32
33. Total Contribution Refunds (from line 28d)				33
34. Net Contributions (other than loans) (subtract line 33 from 32)		3125	3125	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0	35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >		0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11

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
GEORGE KARPAK WHITE TROUT LANE TAMPA, FLA 33618 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation RESTAURANT Aggregate Year-to-Date > \$	7-20-97	1000. -
DOUGLAS COHEN 4815 SAN MIGUEL TAMPA, FLORIDA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Own Occupation TRUCK DISTRIBUTOR Aggregate Year-to-Date > \$	7-20-97	350. -
SYLVAN ORLOFF CLAYMASON, FLA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$	7-21-97	200. -
SAUL LOVITUS SPRINGWOOD, FLORIDA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$	7-21-97	50. -
MARVIN ARONOWITZ TAMPA, FLORIDA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation INSURANCE Aggregate Year-to-Date > \$	7-22-97	25. -
BARRY KAUFMAN CANTONWOOD VILLAGE TAMPA, FLORIDA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation DOCTOR Aggregate Year-to-Date > \$	7-23-97	50. -
CARL ZISPANER SUFFOLK DRIVE TAMPA, FLORIDA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation DENTIST Aggregate Year-to-Date > \$	7-23-97	100. -

SUBTOTAL of Receipts This Page (optional)

1775

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
Robert FORTZSLAU HAYWARD COURT TAMPA, FLORIDA	OWNER Occupation Thompson Cigars Aggregate Year-to-Date > \$	7-27-97	500.-
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen KRAJCIWICZ 5701st Ave Tampa, FLORIDA	Self Occupation DOCTOR Aggregate Year-to-Date > \$	7-27-97	250.-
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo TUBIAT HUNTERS ISLAND TAMPA, FLORIDA	Self Occupation Processing Business Aggregate Year-to-Date > \$	7-29-97	100.-
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Los BARRICATT Bayshore Blvd Tampa, FLORIDA	Self Occupation Attorney Aggregate Year-to-Date > \$	7-29-97	500.-
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation 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
	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
	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1350

TOTAL This Period (last page this line number only)

3125

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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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
Coverdale Good Government Comm Wash. D.C.	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-97	300. -
Re. Elmer J. M. Davis Tampa, Fla.	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-20-97	150. -
Re. Elmer Sun Grassley Wash. D.C.	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-97	300. -
Friends of Brian Mack Tampa, Florida	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-10-97	1000. -
Kit Bonds for Senator Wash. D.C.	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-1-97	100. -
Peitzner for Gagliosi Chicago, Illinois	Comp. Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-8-97	100. -
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)

1950

TOTAL This Period (last page this line number only)

1950

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 1-7-98
<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>JES</i> PREPARER	1-14-98 DATE PREPARED