

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**BAYPA C**

ADDRESS (number and street)  Check if different than previously reported  
**Box 271082**

CITY, STATE and ZIP CODE  
**Tampa, FLA 33688**

FEDERAL ELECTION COMMISSION  
ADH.N  
Oct 15 10 50 AM '94

2. FEC IDENTIFICATION NUMBER  
**000 - 155 - 173**

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

## 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

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day 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 <u>7-1-94</u> through <u>9-30-94</u>		
6. (a) Cash on Hand January 1, 19____		\$ 395.-
(b) Cash on Hand at Beginning of Reporting Period	\$ 2265	
(c) Total Receipts (from Line 19)	\$ 300	\$ 2420.-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2565	\$ 3215
7. Total Disbursements (from Line 30)	\$ 1863	\$ 2513
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 702	\$ 702
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	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)	\$	

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 Print Name of Treasurer  
**HERB SWARZMAN**

Signature of Treasurer  
*Herb Swartzman*

Date  
**10-11-94**

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 9/89)

94039281196

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

(revised 1/1/81)

NAME OF COMMITTEE  
**BA 1PAC**

REPORT COVERING PERIOD  
FROM **7-1-94** TO: **9-30-94**

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A) .....	300. -	2650. -	11(a)(i)
	ii. Unitemized .....			11(a)(ii)
	iii. Total .....	300. -	2650. -	11(a)(iii)
	(Add i and ii) >			
	b. Political Party Committees .....			11(b)
	c. Other Political Committees (such as PACs) .....			11(c)
	d. Total Contributions .....	300. -	2650. -	11(d)
	(Add a iii, b and c) >			
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 .....		170	16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....			17
18.	Transfers from Nonfederal Account for Joint Activity .....			18
19.	Total Receipts .....	300. -	2820	19
	(Add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20.	Total Federal Receipts .....			20
	(Subtract line 18 from line 19) >			
<b>II. Disbursements</b>				
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)
	(Add a i, a ii, and b) >			
22.	Transfers to Affiliated/Other Party Committees .....			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	1863. -	2513. -	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)
	(Add a, b and c) >			
29.	Other Disbursements .....			29
30.	Total Disbursements .....	1863. -	2513. -	30
	(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31.	Total Federal Disbursements .....	1863. -	2513	31
	(Subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	300. -	2650	32
33.	Total Contribution Refunds (from line 28d) .....		<del>0</del>	33
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	300. -	2650	34
35.	Total Federal Operating Expenditures .....			35
	(Add 21 a i and 21 b) >			
36.	Offsets to Operating Expenditures (from line 15) .....			36
37.	Net Operating Expenditures .....			37
	(Subtract line 36 from 35) >			

9403928197

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)  
**BATPAC**

94039281198

<b>A. Full Name, Mailing Address and ZIP Code</b> Douglas Cohn Tampa, FLA.		Name of Employer <b>TRANE CORP OF TAMPA, FLA.</b>	Date (month, day, year) <b>8-15-94</b>	Amount of Each Receipt this Period <b>\$ 300.-</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation <b>PRES.</b>	Aggregate Year-to-Date > \$	
<b>B. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	
<b>C. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>		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):		Occupation	Aggregate Year-to-Date > \$	

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

**TOTAL** This Period (last page this line number only) ..... **\$ 300.-**

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)

BATPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Hyatt Hotel Westshore Tampa, Fla.	Deposit on Hotel for Fund-Raiser for Cong. Mont G. Griffin	8-29-94	\$250.-
Hyatt Hotel Westshore Tampa, Fla.	BALANCE due for FUNDRAISER for Cong. Mont G. Griffin	9-18-94	\$1412.48
Cong. Peter Deutsch Re-Election Camp St. Louis, MO	Camp CONTRIBUTION	9-19-94	200.-
D. 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
E. 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
F. 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
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) .....

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

1862.48

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**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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Registered/Certified Mail

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No Postmark

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 and Registration

DATE OF RECEIPT

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 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMH*  
 PREPARER

*10-15-97*  
 DATE PREPARED

94039481200