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

CITY, STATE and ZIP CODE

Tallahassee, FL 32302

STATE/DISTRICT

FL

SECRETARY OF THE SENATE

2. FEC IDENTIFICATION NUMBER

C00344051

3. IS THIS REPORT AN AMENDMENT?

[X] YES [ ] NO

4. TYPE OF REPORT

[ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[X] 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 [X] Primary Election [ ] General Election [ ] Special Election [ ] Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 07/01/1999 through 12/31/1999		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(a))	$1,168,245.77	$2,061,888.15
	(b) Total Contribution Refunds (From Line 20(d))	$17,000.00	$23,200.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$1,151,245.77	$2,038,688.15
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$240,485.03	$312,657.85
	(b) Total Offsets to Operating Expenditures (from Line 14)	$13,597.73	$13,597.73
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$226,887.30	$299,060.12
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$1,804,008.96	
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 12/3/00

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 4/97)