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

SECRETARY OF THE SENATE

ADDRESS (number and street): P.O. Box 10962 ☐ Check if different than previously reported.

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 04/01/2000 through 06/30/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	$894,220.80	$1,832,869.21
	(b) Total Contribution Refunds (From Line 20(d))	$2,923.14	$4,023.14
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$891,297.66	$1,828,846.07
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$204,867.84	$397,331.39
	(b) Total Offsets to Operating Expenditures (from Line 14)	$1,294.77	$1,994.27
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$203,573.07	$395,337.12
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$3,308,752.84	
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 4/87)