

from the desk of...

6/30/02

HERB SWARZMAN
4214 FAIRWAY RUN
TAMPA, FLA. 33624

To: FEC

Please be advised that
there are no expense
expenditures because I do
everything myself. Sorry
for any mistakes.

Herb Swarzman

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2002 JUL -8 A 11:29

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

BAYPAC

ADDRESS (number and street)

BOX 271082

Check if different than previously reported. (ACC)

TAMPA

FL

33688

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

In the State of

5. Covering Period

4 1 2002

through

6 30 2002

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

HERB SWARZMAN

Signature of Treasurer

Herb Swarzman

Date

7 2 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

BAYPAC

Report Covering the Period:

From:

4 / **1** / **2002**

To:

6 / **30** / **2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	10,400	10,400-
(b) Cash on Hand at Beginning of Reporting Period	7,325-	
(c) Total Receipts (from Line 19)	7,750-	7,750-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15,075-	18,150-
7. Total Disbursements (from Line 30)	5,850-	8,425-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9,225-	9,225-
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	



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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

BOYPAC

Report Covering the Period:

From:

4 / 7 / 2002

To:

8 / 30 / 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7,750.-	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7,750.-	7,750.-
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 32, page 4)	7,750.-	7,750.-
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7,750.-	7,750.-
20. Total Federal Receipts (subtract Line 18 from Line 19)	7,750.-	7,750.-

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4):		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5850 -	8025
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5850 -	8025
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	5850 -	8025

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	7750 -	7750 -
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	7750 -	7750 -
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	0

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)

A. SYLVAN ORLOFF

Mailing Address

City **CLOESWAIRE**

State **FLA** Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation **RETIROO**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200-

Date of Receipt

4 15 2002

Amount of Each Receipt this Period

200-

Full Name (Last, First, Middle Initial)

B. DOUG COHN

Mailing Address

City **TAMPA**

State **FLA** Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation **OWNER, TAMPA TRAFFIC**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

450-

Date of Receipt

4 15 2002

Amount of Each Receipt this Period

450-

Full Name (Last, First, Middle Initial)

C. LEE TOBIN

Mailing Address

City **TAMPA**

State **FLA** Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation **PACKAGING COMPANY**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400-

Date of Receipt

4 15 2002

Amount of Each Receipt this Period

400-

SUBTOTAL of Receipts This Page (optional)

1050-

TOTAL This Period (last page this line number only)

1050-

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 17	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial)
ROBERT PRONISLAV

Mailing Address

City **Tampa** State **Fla** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **OWNER** Occupation **THOMPSON CIGAR CO.**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **2000-**

Date of Receipt **4 15 2002**

Amount of Each Receipt this Period **2000-**

B. Full Name (Last, First, Middle Initial)
DR PAUL ZISTONKA

Mailing Address

City **Tampa** State **FLA** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **DENTIST**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **100-**

Date of Receipt **4 21 2002**

Amount of Each Receipt this Period **100-**

C. Full Name (Last, First, Middle Initial)
GEORGE KEEPHY

Mailing Address

City **Tampa** State **FLA** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **LAND DEVELOPER**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **1000-**

Date of Receipt **4 21 2002**

Amount of Each Receipt this Period **1000-**

SUBTOTAL of Receipts This Page (optional) **3100-**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

PAGE 3 OF

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial)
EDWARD LISBOWITZ

Date of Receipt
4 / 22 / 2002

Mailing Address

City **Tampa, FL** State **FLA** Zip Code

Amount of Each Receipt this Period
200 -

FEC ID number of contributing federal political committee. **C**

Name of Employer **Owner** Occupation **Automobile Dealerships**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200 -

B. Full Name (Last, First, Middle Initial)
BARRY KAUFMAN

Date of Receipt
4 / 22 / 2002

Mailing Address

City **Tampa** State **FLA** Zip Code

Amount of Each Receipt this Period
100 -

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **DOCTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100 -

C. Full Name (Last, First, Middle Initial)
JACK ROTH

Date of Receipt
4 / 23 / 2002

Mailing Address

City **Tampa** State **FLA** Zip Code

Amount of Each Receipt this Period
2000 -

FEC ID number of contributing federal political committee. **C**

Name of Employer **Roth Roofing** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000 -

SUBTOTAL of Receipts This Page (optional) **2300 -**

TOTAL This Period (last page this line number only) **2300 -**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (in Full)
BAYPAC

A. Full Name (Last, First, Middle Initial)
SHARON MOCK

Mailing Address

City **Tampa** State **FLA** Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer: **HOUSWITE** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200 -

Date of Receipt
9 / **25** / **2002**

Amount of Each Receipt this Period
200 -

B. Full Name (Last, First, Middle Initial)
GILLI BEKHOR

Mailing Address

City **Tampa** State **FLA** Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer: **HOUSWITE** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000 -

Date of Receipt
4 / **25** / **2002**

Amount of Each Receipt this Period
1000 -

C. Full Name (Last, First, Middle Initial)
SHARON COSONKERTZ

Mailing Address

City **Tampa** State **FLA** Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer: **ATTORNEY** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100 -

Date of Receipt
9 / **26** / **2002**

Amount of Each Receipt this Period
100 -

SUBTOTAL of Receipts This Page (optional)>

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

1300 -

7750 -

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
BATPAC

A. Full Name (Last, First, Middle Initial)
Total Contributions For 2nd Quarter

Mailing Address

City State Zip Code

Purpose/Event: Category/Type

Description:

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT
4300 - + 1580 - = 5880 -

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event: Category/Type

Description:

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event: Category/Type

Description:

Type of Allocated Activity:
 Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only) (Federal share to 21(a)(I) and non-Federal share to 21(a)(II))

FEDERAL SHARE NON-FEDERAL SHARE TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share (used for line 3f of the detailed summary page)

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FDR LINE NUMBER: (check only one)

PAGE / OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (in Full)

BAYPAC

Full Name (Last, First, Middle Initial)

A. NATIONAL Jewish Republican Coalition

Mailing Address

City **Washington**

State **D.C.**

Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

4 / 2 / 2002

Amount of Each Disbursement this Period

200 -

Full Name (Last, First, Middle Initial)

B. Bill McBride FOR GOVERNOR

Mailing Address

City **Tampa**

State **FLA**

Zip Code

Purpose of Disbursement
Campaign CONTRIBUTION

Candidate Name
Bill McBride

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FLA** District: **Governor**

Date of Disbursement

4 / 5 / 2002

Amount of Each Disbursement this Period

500 -

Full Name (Last, First, Middle Initial)

C. CHRIS HOOT FOR Mayor

Mailing Address

City **Tampa**

State **FLA**

Zip Code

Purpose of Disbursement
Campaign CONTRIBUTION

Candidate Name
CHRIS HOOT

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

4 / 15 / 2002

Amount of Each Disbursement this Period

500 -

SUBTOTAL of Disbursements This Page (optional)

1200 -

TOTAL This Period (last page this line number only)

1200 -

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
BAYPAC

A. **Robert Dick Durbin**
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City: **Washington** State: **D.C.** Zip Code
 Purpose of Disbursement: **Campaign Contribution**
 Candidate Name: **Sen Dick Durbin** Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **Ill** District:

Date of Disbursement
4 21 2002

Amount of Each Disbursement this Period
500-

B. **Re Elected Susan Collins**
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City: **Washington** State: **D.C.** Zip Code
 Purpose of Disbursement: **Campaign Contribution**
 Candidate Name: **Sen Susan Collins** Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
4 21 2002

Amount of Each Disbursement this Period
500-

C. **Re-Elected Mitch McConnell**
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City: **Washington** State: **D.C.** Zip Code
 Purpose of Disbursement: **Campaign Contribution**
 Candidate Name: **Sen. Mitch McConnell** Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **KY** District:

Date of Disbursement
4 21 2002

Amount of Each Disbursement this Period
500-

SUBTOTAL of Disbursements This Page (optional) **1500-**
 TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

BAYAC

Full Name (Last, First, Middle Initial)

A. **Re-Elect Clay Show**

Mailing Address

City **Washington**

State **D.C.**

Zip Code

Purpose of Disbursement
Campaign Contribution

Candidate Name
Cong. Clay Show

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: **Fla** District:

Date of Disbursement

4 21 2002

Amount of Each Disbursement this Period

500-

Full Name (Last, First, Middle Initial)

B. **DAVIS FOR CONGRESS**

Mailing Address
Box 1845

City **Birmingham Ala**

State

Zip Code
35201

Purpose of Disbursement
Camp. CONTRIBUTION

Candidate Name
ARTHUR DAVIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: **Ala** District:

Date of Disbursement

4 21 2002

Amount of Each Disbursement this Period

300-

Full Name (Last, First, Middle Initial)

C. **Will Craig for County Comm.**

Mailing Address

City **Tampa**

State **Fla**

Zip Code

Purpose of Disbursement
Campaign CONTRIBUTION

Candidate Name
Will CRAIG

Office Sought: House
 Senate
 President
County Comm.

Disbursement For:
 Primary General
 Other (specify) ▼

State: **Tampa** District:

Date of Disbursement

4 25 2002

Amount of Each Disbursement this Period

100-

SUBTOTAL of Disbursements This Page (optional) ▶

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

900-

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

PAGE 4 OF

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NAME OF COMMITTEE (in Full)
BAYPAC

Full Name (Last, First, Middle Initial)
A. Victory PAC

Mailing Address

City: **Washington, D.C.** State: Zip Code

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Con. Bill Young

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **CONTRIBUTION TO HIS PAC**

State: **Fla** District:

Date of Disbursement
5 2 2002

Amount of Each Disbursement this Period
1000-

Full Name (Last, First, Middle Initial)
B. Gus Bilirakis For State Senate

Mailing Address

City: **HOLIDAY** State: **FLA** Zip Code

Purpose of Disbursement
Comp. CONTRIBUTION

Candidate Name
Gus Bilirakis

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FLA** District: **SENATE**

Date of Disbursement
5 17 2002

Amount of Each Disbursement this Period
750-

Full Name (Last, First, Middle Initial)
C. Jeff Miller For Congress

Mailing Address

City: **Washington, D.C.** State: Zip Code

Purpose of Disbursement
Comp. CONTRIBUTION

Candidate Name
Con. Jeff Miller

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **Fla** District:

Date of Disbursement

Amount of Each Disbursement this Period
1000-

SUBTOTAL of Disbursements This Page (optional) **7250-**

TOTAL This Period (last page this line number only) **5850-**

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 7-1-02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>JMP</i> PREPARER	7-8-02 DATE PREPARED