REPORT OF RECEIPTS AN TS

For An Authorized Cor
(Summary Page)

1. NAME OF COMMITTEE (in full)

Bill Nelson for U.S. Senate Campaign Committee

00 NOV -6 AM 11:07

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 10962

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 01/01/1999 through 06/30/1999		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$893,642.38	$893,642.38
	(b) Total Contribution Refunds (From Line 20(d))	$6,200.00	$6,200.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$887,442.38	$887,442.38
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$72,389.50	$72,053.50
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$72,389.50	$72,053.50
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$815,052.88	
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: 10-31-00

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)