REPORT OF RECEIPTS AND ITS

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 | STATE/DISTRICT

Tallahassee, FL 32302 | FL

2. FEC IDENTIFICATION NUMBER

C00344051

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

5. Covering Period 07/01/1999 through 12/31/1999

		COLUMN A This Period	COLUMN B Calendar Year-to-date
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$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	$312,080.71
	(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	$298,482.98
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 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)