

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE SERVICES

JUN 6 8 49 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BAYPAC		2. FEC IDENTIFICATION NUMBER 000-155-173
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Box 271082	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Tampa, Fla 33688		

4. TYPE OF REPORT

(a) 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)

Termination Report

Monthly Report Due On:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 395
(b) Cash on Hand at Beginning of Reporting Period		\$ 115.-	
(c) Total Receipts (from Line 19)		\$ 3150.-	\$ 2530
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)		\$ 2265.-	\$ 2925
7. Total Disbursements (from Line 30)		\$ 0	\$ 650
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2265	\$ 2265
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 SWARTZMAN	Date 6-30-94
Signature of Treasurer <i>[Signature]</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2150	2350
ii. Unitemized		
iii. Total..... (add i and ii) >	2150	2350
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	2150	2350
(add a iii, b and c) >		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		170
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	2150	2520
(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts	2150	2520
(subtract line 18 from line 19) >		
II. Disbursements		
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	0	
(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	650
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds		
(add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements		650
(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements	0	650
(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2150	2350
33. Total Contribution Refunds (from line 28c)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35. Total Federal Operating Expenditures	0	0
(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	0	0
(subtract line 36 from 35) >		

35000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
De Steve Keitzer Cuba with Isles Tampa, Fla	SELF Occupation: DOCTOR	6-13-94	100. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Mr Sol Levitos Sarasota, Fla	SELF Occupation: RETIRED	6-14-94	150. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
MR SYLVAN OLOFF CLONEWATER, FLORIDA	SELF Occupation: BUSINESSMAN	6-17-94	200. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Mrs. Lili Kaufman Tampa, Florida	SELF Occupation: FINANCIAL PLANNER	6-15-94	50. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
De Carl Zidman Tampa, Florida	SELF Occupation: DENTIST	6-16-94	100. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Mr LA BRANNETT Cuba with Isles Tampa, Fla	SELF Occupation: ATTORNEY	6-17-94	500. -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
MR MURPHY BOHMAN St. Petersburg, Fla	SELF Occupation: UNITED STATES FURNITURE	6-17-94	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1150. -

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

BAYPAC

5
4
3
2
1

A. Full Name, Mailing Address and ZIP Code MR. George Kaspar Tampa, Florida	Name of Employer S&P Occupation EMARO	Date (month, day, year) 6-25-91	Amount of Each Receipt this Period 1000.-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
B. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
C. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
D. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
E. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
F. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			
G. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Occupation			
Amount of Each Receipt this Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$			

SUBTOTAL of Receipts This Page (optional)	1000.-
TOTAL This Period (last page this line number only)	2150.-

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

7-1-94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.H.
PREPARER

7-6-94
DATE PREPARED

2003050714