



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

*Hope these collections  
are what you wanted*

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
JUL 28 1999

Herb Swarzman, Treasurer  
BAYPAC  
Box 271082  
Tampa, FL 33688

JUL 28 1999

Identification Number: C00155713

Reference: Year End Report (11/10/98-12/31/98)

Dear Mr. Swarzman:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the totals for Lines 11(a)(i), 23 and 24, Column B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Your report discloses total operating expenditures on Line 21(c) of the Detailed Summary Page; however, there are no expenditures disclosed on either Lines 21(a) or 21(b). Please amend your report by disclosing the appropriate lines.

-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1997-1998 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

Report Type	Coverage Dates	Due Date
Mid-Year	1/1/97-6/30/97	July 31, 1997
Year End	7/1/97-12/31/97	January 31, 1998
April Quarterly	1/1/98-3/31/98	April 15, 1998
July Quarterly	4/1/98-6/30/98	July 15, 1998

October Quarterly	7/1/98-9/30/98	October 15, 1998
12 Day Pre-General	10/1/98-10/14/98	October 22, 1998
30 Day Post-General	10/15/98-11/23/98	December 3, 1998
Year End	11/24/98-12/31/98	January 31, 1999

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

*Andrea Wilkens*

Andrea Wilkens  
Reports Analyst  
Reports Analysis Division

266

OCT 15  
+11 NOV 33

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 9 1 22 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**BAYPAC**

ADDRESS (number and street)  Check if different than previously reported  
**Box 271082**

CITY, STATE and ZIP CODE  
**Tampa, FLA 33688**

2. FEC IDENTIFICATION NUMBER  
**C00155713**

3.  This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

## 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:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- 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 11/3 in the State of FLA

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-1-98</u> through <u>11/3/98</u>		
6. (a) Cash on Hand January 1, 19____		\$ 1385
(b) Cash on Hand at Beginning of Reporting Period	\$ 2060. -	
(c) Total Receipts (from Line 18)	\$ 1000	\$ 4175
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3060	\$ 5560
7. Total Disbursements (from Line 30)	\$ 1180	\$ 3680
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1880	\$ 1880
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	

For further information contact:  
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  
**HERB SWARZMAN**

Signature of Treasurer

*Herb Swarzman*

Date

11/23/98

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

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE  
**BBYPAC**

REPORT COVERING PERIOD  
FROM **10-1-98** TO **11-30-98**

	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A) .....	1000. -	4175	11(a)(ii)
ii. Unitemized .....			11(a)(iii)
iii. Total .....	1000. -	4175	11(a)(iv)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	1000. -	4175	11(d)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....			17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	1000. -	4175	19
20. Total Federal Receipts .....	1000. -	4175	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share .....			21(a)(ii)
ii. Non-Federal Share .....			21(b)
b. Other Federal Operating Expenditures .....			21(c)
c. Total Operating Expenditures .....			22
22. Transfers to Affiliated/Other Party Committees .....	905. -	3055	23
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	275. -	625	24
24. Independent Expenditures (use Schedule E) .....			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			26
26. Loan Repayments Made .....			27
27. Loans Made .....			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees .....			28(c)
b. Political Party Committees .....			28(d)
c. Other Political Committees (such as PACs) .....			28(e)
d. Total Contribution Refunds .....			29
29. Other Disbursements .....	1180. -	3680	30
30. Total Disbursements .....	1180. -	3680	31
31. Total Federal Disbursements .....			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	1000. -	4175	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans) (subtract line 33 from line 32) .....	1000. -	4175	34
35. Total Federal Operating Expenditures .....	-	-	35
36. Offsets to Operating Expenditures (from line 15) .....	-	-	36
37. Net Operating Expenditures .....	-	-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11

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

DAVID BECKER  
Tampa, Florida

Name of Employer

MSI Equipment

Date (month, day, year)

10/29/98

Amount of Each Receipt This Period

1000. -

Receipt For:

Primary

General

Other (specify):

Occupation

SALES

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

1000. -

TOTAL This Period (last page this line number only)

1000. -

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 3

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAM BEYUNSON Re. Election Camp WASH. D.C.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-98	100. -
B. Full Name, Mailing Address and ZIP Code Amusement Express	Purpose of Disbursement Printing & mailing for FINGRICH FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-98	305. -
C. Full Name, Mailing Address and ZIP Code FRIENDS OF CURTIS MACK TAMPA, FLA	Purpose of Disbursement CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	500. -
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

905. -

TOTAL This Period (last page this line number only)

905. -


ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) <b>BAYPAC</b>					
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought	
Jewish Press Clearwater, Florida	AD with Endorsement for 1998 Election cycle	10/29/98	275.-	Bob Fraitem SENATE Jim Davis HOUSE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 275.-		
(b) SUBTOTAL of Unitemized Independent Expenditures			\$		
(c) TOTAL Independent Expenditures			\$ 275.-		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998  
by Commissionaire express:

  
Signature  
11-23-98  
Date

NOTARY PUBLIC

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 8/7/99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SA</i>	 8/9/99
PREPARER	DATE PREPARED