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NAME OF COMMITTEE (in full)
Bill McCollum for U.S. Senate

<p>A. Full Name, Mailing Address and Zip Code Austin Quirlinger 222 Alexander Place Winter Park, FL 32789-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CNC</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 06/27/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Charles Masck 3108 Bruton Road Plant City, FL 33565-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Vanguard Medical Center</p> <p>Occupation Business Owner</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 05/23/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Wayne Huizenga 450 East Las Olas Boulevard 15th Floor Fort Lauderdale, FL 33301-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Huizenga Holdings, Inc.</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Randall Thornton Post Office Box 58 Lake Panasoffkee, FL 33538-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/09/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code William Wight 8209 Langbrook Road Springfield, VA 22152-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bill Wight, LLC</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 04/07/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Keith Knorr P.O. Box 1369 Ocala, FL 34478-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 25.00</p>	<p>Date (month, day, year) 04/17/2000</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>G. Full Name, Mailing Address and Zip Code Keith Knorr P.O. Box 1369 Ocala, FL 34478-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 275.00</p>	<p>Date (month, day, year) 04/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	2,325.00
TOTAL This Period (last page this line number only)	