

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC 12 A 10:23

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Thurman for Congress Committee		2. FEC IDENTIFICATION NUMBER C00254870	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 450 Pleasant Grove Road		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE Inverness FL 34452	STATE/DISTRICT FL / 05		

### 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 \_\_\_\_\_  
 90-Day Post-Election Report following the General Election on 11/07/2000 in the State of FLORIDA  
 Termination Report

This report contains activity for:
  Primary Election
  General Election
  Special Election
  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/19/2000 through 11/27/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$97,200.00	\$372,966.30
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$97,200.00	\$371,966.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$185,816.22	\$427,871.09
(b) Total Offsets to Operating Expenditures (from Line 14)	\$86.80	\$522.80
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$185,729.42	\$427,348.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$61,208.79	
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 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 Robert E. McCranie III, ASSISTANT TREASURER	Date 12/07/2000
Signature of Treasurer 	

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 3  
(revised 4/97)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Thurman for Congress Committee	From: 10/19/2000	To: 11/27/2000
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$20,800.00	
(ii) Unitemized	\$7,950.00	
(iii) Total of contributions from individuals	\$28,750.00	\$88,891.07
(b) Political Party Committees	\$200.00	\$2,409.45
(c) Other Political Committees (such as PACs)	\$68,250.00	\$281,005.78
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$97,200.00	\$372,966.30
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$86.80	\$522.80
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$122.02	\$1,871.62
<b>16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)</b>	\$97,408.82	\$375,360.72
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES</b>	\$185,816.22	\$427,871.09
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	\$14,000.00	\$47,000.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$1,000.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$1,000.00
<b>21. OTHER DISBURSEMENTS</b>	\$0.00	\$2,200.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	\$199,816.22	\$478,071.09

### III. CASH SUMMARY

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$ 163,616.19
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$ 97,408.82
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$ 261,025.01
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$ 199,816.22
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$ 61,208.79

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Individuals/Persons**

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

PAGE 1 OF 8  
FOR LINE NUMBER 11(a)(i)

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)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose Augustine MD 7401 Royal Oak Drive Spring Hill, FL 34607-2344	Self-Employed	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Lynda R Aycock 9422 Woodhaven Road Jacksonville, FL 32257	Self-Employed	10/26/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Director	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Margaret Ayub 5617 West Shore Dr New Port Richey, FL 34652-3036	Self-Employed	10/23/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Robert R Berg 10019 Twelve Oaks Court Brooksville, FL 34613	Self-employed	10/30/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code W.O. Birchfield address requested	Self-Employed	10/27/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Horsebreeder	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code Mahmoud Bourghli 6030 Patricia Pl Spring Hill, FL 34607	Self-Employed	11/03/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Sing Long Chang 4317 Harborpointe Dr Port Richey, FL 34658	Anesthesiologist Associates, PA	11/15/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$1,000.00

**SUBTOTAL of Receipts This Page (optional)** .....

\$3,000.00

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Individuals/Persons**

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

PAGE 2 OF 8  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J.A. Cowan 3730 Van Ness St NW Washington, DC 20016	Epstein, Becker & Green  Occupation Partner	10/19/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$450.00	
B. Full Name, Mailing Address and ZIP Code Jeri Davis 703 Kings Ct. Alexandria, VA 22302	Name of Employer N/A  Occupation Retired	11/06/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$750.00	
C. Full Name, Mailing Address and ZIP Code Evelyn Dehart 6101 Sumter Dr. Brooksville, FL 34802-7928	Name of Employer N/A  Occupation Retired	10/19/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$255.00	
D. Full Name, Mailing Address and ZIP Code Mary Ann Dewitt 308 S Broad Street Brooksville, FL 34801	Name of Employer Self-Employed  Occupation Realtor	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code Donald Dizney 899 SW 85th St Ocala, FL 34484	Name of Employer Self-Employed  Occupation Horsebreeder	10/27/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,500.00	
F. Full Name, Mailing Address and ZIP Code Eddie Dugger 1615 NW 57th St Gainesville, FL 32605	Name of Employer Economic Energy  Occupation Owner	11/03/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Abdelnasser Elmansoury 422B Sweetbay Court Spring Hill, FL 34807	Name of Employer Self-Employed  Occupation Physician	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$3,000.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 8  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.W. Gay 524 Stackton St Jacksonville, FL 32204	Self-Employed	10/25/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Director	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry W Hanff MD 5243 Hanff Lane New Port Richey, FL 34652	Self-employed	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Preston H Haskell 111 Riverside Ave Jacksonville, FL 32202	Self-Employed	10/28/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Director	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Muhammed Hatem 9020 Cobb Rd Brooksville, FL 34601	Self-employed	10/23/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vernon H Heath 4725 Hibiscus Minneapolis, MN 55435	Self-Employed	10/27/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Horsebreeder	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Hager 7241 Tanglewood Dr New Port Richey, FL 34654	N/A	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Hooper 10122 Kimbrough Dr Brooksville, FL 34601	Self-Employed	10/23/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 4 OF 8  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rollin Hudson P.O. Box 502 Chiefland, FL 32628	Self-Employed	11/03/2000	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code Margaret Hupalo 2805 N. Attebury Pt. Hamando, FL 34442	Name of Employer N/A	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$	\$585.00
C. Full Name, Mailing Address and ZIP Code Joseph Idicule 6015 Patricia Pl Spring Hill, FL 34807-2016	Name of Employer Self-Employed	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Ramakrishna P Kanuri 6109 Waters Way Spring Hill, FL 34807-4019	Name of Employer Self-Employed	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Mary Keckler 2023 Belmar Ave. Spring Hill, FL 34808	Name of Employer N/A	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$225.00
F. Full Name, Mailing Address and ZIP Code Charles King P.O. Box 363 Chiefland, FL 32644-0363	Name of Employer N/A	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period \$325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	* In-Kind: fundraising Occupation Retired	Aggregate Year-to-Date > \$	\$375.00
G. Full Name, Mailing Address and ZIP Code Charles King P.O. Box 363 Chiefland, FL 32644-0363	Name of Employer N/A	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$375.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$1,850.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 5 OF 8  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Thurman for Congress Committee C00254870

<b>A. Full Name, Mailing Address and ZIP Code</b> Den Livey 1338 Galt Lane Spring Hill, FL 34808-8844  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$150.00
	Occupation Retired  Aggregate Year-to-Date \$ 255.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Harry T Mangurian Jr 2477 E Commercial Blvd Fort Lauderdale, FL 33308  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period \$500.00
	Occupation Horsebreeder  Aggregate Year-to-Date \$ 500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Gary McCarragher MD 14385 Hunt Club Lane Brooksville, FL 34609  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$250.00
	Occupation Physician  Aggregate Year-to-Date \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Terry R Meadows MD 2856 Kensington Terrace Tarpon Springs, FL 34689  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$250.00
	Occupation Physician  Aggregate Year-to-Date \$ 250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Dilp Mehta 2698 Shoreline Cr Palm Harbor, FL 34684  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period \$500.00
	Occupation Physician  Aggregate Year-to-Date \$ 500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Ernest L Meler 4494 Rockwood Dr Palm Harbor, FL 34685  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$500.00
	Occupation Physician  Aggregate Year-to-Date \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Mahmoud Nimer 13359 Bolton Ct Brooksville, FL 34609-0817  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period \$500.00
	Occupation Doctor  Aggregate Year-to-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional) .....

\$2,650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (in Full)  
 Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ayman Osman 14540 Cortez Blvd Suite 116 Brooksville, FL 34613-6001	Self-Employed	10/23/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$750.00
B. Full Name, Mailing Address and ZIP Code Ayman Osman 14540 Cortez Blvd Suite 116 Brooksville, FL 34613-6001	Self-Employed	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$750.00
C. Full Name, Mailing Address and ZIP Code Frank A Pidala MD 7033 Pelican Island Dr Tampa, FL 33634	Self-Employed	10/30/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code J.J. Pletcher PO Box 11240 Ocala, FL 34475	Self-Employed	10/27/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Horsebreeder	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code M. Adam Reheem 11492 Stoneville Ct Spring Hill, FL 34609	Self-Employed	11/03/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Louis Ritter P.O. Box 1944 Jacksonville, FL 32201	Florida Funeral Directors Association	10/26/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Kenneth Roberson PO Box 2966 Port Charlotte, FL 33949	Self-Employed	10/26/2000	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Director	Aggregate Year-to-Date > \$	\$300.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$3,300.00
<b>TOTAL</b> 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 7 OF 8  
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals/Persons

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Michael Robinson 1408 Deltona Blvd Spring Hill, FL 34806</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer James Haley Hospital</p> <p>Occupation Security</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Paul S Rothstein 826 NE First St Gainesville, FL 32601</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Abd E Salhab 4484 Lake in the Woods Drive Spring Hill, FL 34807-2505</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Steven A Silver 1932 Clatter Bridge Road Ocala, FL 34471</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Horsebreeder</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Fawzi M Sofiman 7533 Jemel Dr Spring Hill, FL 34607</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 11/03/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Cassandra Taylor 9005 Sharon Dr New Port Richey, FL 34654</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maynard Taylor, MD</p> <p>Occupation Office Manager</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Urology Health 5852 Meadow Lane New Port Richey, FL 34652</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

**SUBTOTAL** of Receipts This Page (optional)

\$2,500.00

**TOTAL** This Period (see page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Individuals/Persons**

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

PAGE 8 OF 8  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lori S Wesolowski 9275 Butler Blvd Brooksville, FL 34613-4034	Columbia Oak Hill Hospital  Occupation CEO	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl R Zooberg 7265 Royal Oaks Dr Spring Hill, FL 34807	N/A  Occupation Retired	10/23/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sankara N Dinavahi, MD, PA 11321 Cortez Blvd Brooksville, FL 34613	Partnership  PARTNERSHIP—partners below Occupation	10/30/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sankara N Dinavahi 11321 Cortez Blvd Brooksville, FL 34613	Sankara N Dinavahi, MD, PA  Occupation Partner-Physician	10/30/2000	\$250.00 MEMO
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Nazir Hamoui, MD, PA 14540 Cortez Blvd, Suite 124 Brooksville, FL 34613	Partnership  PARTNERSHIP—partners below Occupation	10/30/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Nazir Hamoui 14540 Cortez Blvd Suite 124 Brooksville, FL 34613	M. Nazir Hamoui, MD, PA  Occupation Partner-Physician	10/30/2000	\$250.00 MEMO
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Radiology Associates, PA PO Box 1175 New Port Richey, FL 34656-1175	Partnership  PARTNERSHIP—partners below Occupation	10/23/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,750.00

**TOTAL** This Period (last page this line number only) ..... \$20,800.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Party Committees**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

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**NAME OF COMMITTEE (in Full)**

Thurman for Congress Committee C00254670

A. Full Name, Mailing Address and ZIP Code Levy County Democratic Executive Committee PO Box 353 Chiefland, FL 32644	Name of Employer  Occupation	Date (month, day, year)  11/01/2000	Amount of Each Receipt this Period  \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	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 > 0		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$200.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 7  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

<b>A. Full Name, Mailing Address and ZIP Code</b> AAN-Nursury Industry PAC 1250 I Street, NW Suite 500 Washington, DC 20005-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> American Academy of Dermatology (AADA PAC) 1350 I Street Suite 880 Washington, DC 20005-4355	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/01/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> American Bankers Assn 1120 Conn. Avenue NW Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/26/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> American Federation Of State, County & Municipal Employees (AFSCME) 1625 L St NW Washington, DC 20036-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/02/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$3,600.00
<b>E. Full Name, Mailing Address and ZIP Code</b> American Federation Of State, County & Municipal Employees (AFSCME) 1625 L St NW Washington, DC 20036-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/26/2000	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$3,500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> American Federation of Teachers PAC 555 New Jersey Ave NW Washington, DC 20001-2079	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/25/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$2,500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> American Medical Assoc PAC 1101 Vermont Ave., NW Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	\$7,000.00

**SUBTOTAL** of Receipts This Page (optional)

\$10,750.00

**TOTAL** This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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**NAME OF COMMITTEE (In Full)**  
 Thurman for Congress Committee 00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association AOA-PAC 1505 Prince St. Ste. 300 Alexandria, VA 22314		10/24/2000	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,500.00
B. Full Name, Mailing Address and ZIP Code American Resort Development Assoc (ARDA-ROCPAC) 1220 L St NW Suite 500 Washington, DC 20005-		11/06/2000	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Anheuser-Busch PAC 1776 I Street NW Suite 200 Washington, DC 20006-3700		10/27/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code BevPAC 555 12th St NW Suite 1230 Washington, DC 20004-		11/06/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Boston Scientific Corp PAC 1 Boston Scientific Place Natick, MA 01780-		10/26/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Bowling Proprietors Association of America Inc PAC 615 Six Flags Dr Arlington, TX 76011-6305		11/01/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code Bracewell & Patterson PAC 2000 K Street NW Washington, DC 20006-1872		11/07/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$10,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 3 OF 7  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Thuman for Congress Committee C00254870

<b>A. Full Name, Mailing Address and ZIP Code</b> Build PAC of the National Association of Home Builders 1201 15th St NW Washington, DC 20005-2800 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/01/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$3,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Cargill Incorporated PAC PO Box 9300 Minneapolis, MN 55440- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/19/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Committee For The Advancement of Southeast Cotton (CASC) PO Box 886 Dahlonega, GA 30533 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/19/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Dairy Farmers of America, Inc Dairy Educational DEPAC 10220 N Executive Hills Blvd Kansas City, MO 65153- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Darden Restaurants, Inc Employees Good Govt Fund 5900 Lake Ellenor Dr Orlando, FL 32809- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/01/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Dealers Election Action Committee National Automobile Dealers Assoc. 8400 Westpark Dr. Mc Lean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/23/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$4,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Dealers Election Action Committee National Automobile Dealers Assoc. 8400 Westpark Dr. Mc Lean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/25/2000	\$1,000.00
Aggregate Year-to-Date >		\$	\$4,000.00

**SUBTOTAL** of Receipts This Page (optional)

\$7,000.00

**TOTAL** This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 4 OF 7  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Thurman for Congress Committee C00254670

A. Full Name, Mailing Address and ZIP Code Directors Guild of America, Inc (DGA-PAC) 7920 Sunset Blvd Los Angeles, CA 90046- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period \$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Florida Power & Light (FPLPAC) P.O. Box 14000 Juno Beach, FL 33408- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period \$1,000.00
Aggregate Year-to-Date > \$		\$1,500.00	
C. Full Name, Mailing Address and ZIP Code Great Lakes Sugar Beet Growers Association PAC 4800 Fashion Square Blvd Suite 485 Saginaw, MI 48604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$500.00
Aggregate Year-to-Date > \$		\$500.00	
D. Full Name, Mailing Address and ZIP Code Hoffman La Roche Good Government Committee PAC 1300 I Street, N.W., Suite 520 West Washington, DC 20005-3314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period \$1,000.00
Aggregate Year-to-Date > \$		\$2,000.00	
E. Full Name, Mailing Address and ZIP Code Humana PAC PO Box 1438 Louisville, KY 40201-1438 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period \$5,000.00
Aggregate Year-to-Date > \$		\$5,000.00	
F. Full Name, Mailing Address and ZIP Code International Brotherhood of Electrical Workers (IBEW-COPE) 1125 15th Street, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period \$2,000.00
Aggregate Year-to-Date > \$		\$7,500.00	
G. Full Name, Mailing Address and ZIP Code International Brotherhood of Electrical Workers (IBEW-COPE) 1125 15th Street, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period \$500.00
Aggregate Year-to-Date > \$		\$7,500.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$11,000.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 5 OF 7  
FOR LINE NUMBER 11(G)

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee 000254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
International Game Technology (IGT - PAC) PO Box 10580 Reno, NV 89510-0580		10/31/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ironworkers Political Action League 1750 New York Avenue, N.W. Washington, DC 20006		10/26/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Association of Spine Specialists (SpinePAC) 6300 N River Road, Suite 500 Rosemont, IL 60018-4231		11/07/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Association Retired Federal Employees-NARFE-PAC 608 N Washington Street Alexandria, VA 22314-		10/28/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Committee to Preserve Social Security and Medicare PAC 10 G Street NE Suite 600 Washington, DC 20002		11/06/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Funeral Directors Association (NFDA-PAC) 13626 Bishop's Drive Brookfield, WI 53005-6607		11/08/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Propane Gas Association (PROPANE PAC) 1800 Eisenhower Lane Lisle, IL 60532-		11/03/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00

**SUBTOTAL** of Receipts This Page (optional)

\$7,500.00

**TOTAL** This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE **8** OF **7**  
FOR LINE NUMBER **11(c)**

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)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Renal Administrators Association PAC 11250 Roger Bacon Dr, Suite 8 Reston, VA 22090-		10/19/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
<input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Osteopathic (OPAC) 1090 Vermont Ave, NW Suite 510 Washington, DC 20005		10/25/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
<input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Quest Diagnostics Employees PAC 1350 I Street NW Suite 500 Washington, DC 20005-3305		10/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N Michigan Ave Chicago, IL 60611-		10/30/2000	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$7,000.00
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Seafarers PAC 5201 Auth Way Camp Springs, MD 20746		11/06/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Sears PAC 3333 Beverly Rd Hoffman Estates, IL 60179-		11/07/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Service Employees International Union (SEIU-PAC) 1313 L Street NW Washington, DC 20005		10/31/2000	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
<input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$15,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 7 OF 7  
FOR LINE NUMBER 11(G)

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)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Society of Independent of Gasoline Marketers of America (SIGMAPAC) 11911 Freedom Dr STE 950 Reston, VA 20190-5602	Occupation	10/24/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > F \$5,000.00		
B. Full Name, Mailing Address and ZIP Code Southeast Milk, Inc. PAVG 1531 T Street, NW Washington, DC 20009	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4 \$1,000.00		
C. Full Name, Mailing Address and ZIP Code The Walt Disney Co Employees PAC 1150 17th St NW Suite 400 Washington, DC 20038	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/27/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$1,000.00		
D. Full Name, Mailing Address and ZIP Code United Auto, Aerospace & Agricultural Implement Worker of America (UAW-V-CAP) 8000 E. Jefferson Ave Detroit, MI 48214-3963	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/19/2000	\$4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$4,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	Amount of Each Receipt this Period
	Occupation		
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)	Amount of Each Receipt this Period
	Occupation		
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) ..... \$7,000.00

**TOTAL** This Period (last page this line number only) ..... \$68,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Offsets to Operating Expenditures

List receipts checked (use) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 14

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)

Thurman for Congress Committee C00254870

<p><b>A. Full Name, Mailing Address and ZIP Code</b> INSTI-PRINT 125 23RD ST GAINESVILLE, FL 32602</p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year) 11/13/2000</p>	<p>Amount of Each Receipt this Period \$31.80</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 1 \$31.80</p>		
<p><b>B. Full Name, Mailing Address and ZIP Code</b> ST MICHAELS GREEK ORTHODOX CHURCH 4705 W GULF TO LAKE HWY LECANTO, FL 34461</p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year) 11/13/2000</p>	<p>Amount of Each Receipt this Period \$55.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 2 \$55.00</p>		
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 3</p>		
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 4</p>		
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 5</p>		
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 6</p>		
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p>	<p>Name of Employer  Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; 7</p>		
<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>			<p>\$86.80</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>			<p>\$86.80</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

Other Receipts

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)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605		10/31/2000	\$122.02
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,871.62
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$122.02

TOTAL This Period (last page this line number only)

\$122.02

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abbey Cox 10831 Panicum Ct New Port Richey, FL 34655	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	\$539.83
B. Full Name, Mailing Address and ZIP Code Alachua DEC PO Box 223 Gainesville, FL 32602	Print Ads Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	\$500.00
C. Full Name, Mailing Address and ZIP Code AT&T Wireless Services PO Box 650628 Dallas, TX 75265-8085	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	\$120.86
D. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 91400 Orlando, FL 32891	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	\$127.34
E. Full Name, Mailing Address and ZIP Code BellSouth PO Box 33009 Charlotte, NC 28243-0001	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$19.16
F. Full Name, Mailing Address and ZIP Code BellSouth PO Box 33009 Charlotte, NC 28243-0001	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	\$470.66
G. Full Name, Mailing Address and ZIP Code Bill Nelson Campaign 916 N Gadsden Tallahassee, FL 32303	GTVO Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	FLIGHT #3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$10,317.50
I. Full Name, Mailing Address and ZIP Code Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	Additional Media Buys Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	\$5,520.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$18,615.15
<b>TOTAL</b> This Period (next page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$22,342.50
Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	Additional Media Buys Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$6,950.00
Citrus County Chronicle 1624 N Meadowcrest Blvd Crystal River, FL 34429	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$181.06
David Andrukills, Inc. 50 E Street, SE Washington, DC 20003	Letters & envelopes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$982.85
David Andrukills, Inc. 50 E Street, SE Washington, DC 20003	Letters/Envelopes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$555.08
David Croft 3680 W Starlight Path Lecanto, FL 34461	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	\$200.00
Ellen D. Mazer 3810 38th Street, NW F270 Washington, DC 20016	Aug/Sept Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$49.18
Ellen D. Mazer 3810 38th Street, NW F270 Washington, DC 20016	October Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$3,000.00
Ellen D. Mazer 3810 38th Street, NW F270 Washington, DC 20016	Aug/Sept Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$6,000.00

**SUBTOTAL** of Disbursements This Page (optional)

\$40,254.77

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee CD0254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ellen D. Mazer 3610 38th Street, NW F270 Washington, DC 20010	Aug/Sept Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$871.75
B. Full Name, Mailing Address and ZIP Code Florida Power PO Box 33199 St Petersburg, FL 33733-8199	Purpose of Disbursement Electric Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/2000	\$204.00
C. Full Name, Mailing Address and ZIP Code FORT, MARY E 3709 W DUNNELLON RD DUNNELLON, FL 34433	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$386.75
D. Full Name, Mailing Address and ZIP Code Gainesville Regional Utilities 301 SE 4th Ave Gainesville, FL 32601	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/2000	\$203.08
E. Full Name, Mailing Address and ZIP Code GREEN, HUGH E 10268 HEATHCLIFF ST SPRING HILL, FL 34608	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$386.75
F. Full Name, Mailing Address and ZIP Code Heath Mini-Storage 5164 S. Florida Ave. Inverness, FL 33450	Purpose of Disbursement Gate 7027 as of 11/6/00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$83.80
G. Full Name, Mailing Address and ZIP Code INDEPENDENT FLORIDA ALLIGATOR PO BOX 14257 GAINESVILLE, FL 32604-2257	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$290.00
H. Full Name, Mailing Address and ZIP Code JENKINS, LAUREN 2815 MARIDA LANE TAMPA, FL 33618	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$494.10
I. Full Name, Mailing Address and ZIP Code JENKINS, LAUREN 2815 MARIDA LANE TAMPA, FL 33618	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	\$418.75

**SUBTOTAL** of Disbursements This Page (optional)

\$3,118.78

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JENKINS, LAUREN 2615 MARIDA LANE TAMPA, FL 33618	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$193.37
B. Full Name, Mailing Address and ZIP Code JIM SHIELDS 8641 N DIXIE DR DUNNELLON, FL 34434	Purpose of Disbursement DJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	\$300.00
C. Full Name, Mailing Address and ZIP Code JONATHAN A POVERUD 344 W KNOLL ST DELAND, FL 32720	Purpose of Disbursement Reimburse Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	\$22.78
D. Full Name, Mailing Address and ZIP Code JONATHAN A POVERUD 344 W KNOLL ST DELAND, FL 32720	Purpose of Disbursement Reimburse Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	\$480.00
E. Full Name, Mailing Address and ZIP Code Mr. Charles P. King, Jr. P.O. Box 363 Chiefland, FL 32644-0363	Purpose of Disbursement fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$325.00 * in-kind received
F. Full Name, Mailing Address and ZIP Code KING, JANET PO BOX 1089 FLORAL CITY, FL 34436-1089	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$386.75
G. Full Name, Mailing Address and ZIP Code KOCH, KAREN 4434 BLACK SOCKS DR NEW PORT RICHEY, FL 34653	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$386.75
H. Full Name, Mailing Address and ZIP Code LEOTY, ELIZABETH 2930 SW WILLISTON RD #1224 GAINESVILLE, FL 32608	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	\$418.75
I. Full Name, Mailing Address and ZIP Code LEOTY, ELIZABETH 2330 SW WILLISTON RD #1224 GAINESVILLE, FL 32608	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$193.37

**SUBTOTAL of Disbursements This Page (optional)**

\$2,708.78

**TOTAL This Period (last page this line number only)**



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEOTY, ELIZABETH 2330 SW WILLISTON RD #1224 GAINESVILLE, FL 32608	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/2000	\$75.79
LEOTY, ELIZABETH 2330 SW WILLISTON RD #1224 GAINESVILLE, FL 32608	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$712.06
MACHADO, HELEN 6213 LITTLETHORP LANE ALEXANDRIA, VA 22315	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$580.12
Mail Boxes, Etc. 2607 S Woodland Blvd DeLand, FL 32724	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/2000	\$258.79
MATUS, NORA E 4511 W DELMONT LANE BETHESDA, MD 20814	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$1,547.00
MCI Worldcom PO Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	\$163.78
MCI Worldcom PO Box 85053 Louisville, KY 40285-5053	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$175.11
MORGAN, ANNE O 741 W KELLER HERNANDO, FL 34442	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$2,320.50
MORGAN, ANNE O 741 W KELLER HERNANDO, FL 34442	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$3,928.59

SUBTOTAL of Disbursements This Page (optional)

\$9,759.74

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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)**

Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 30 Ivy St. Washington, DC 20003	Banquet Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$1,734.81
Petty Cash	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	\$100.00
Petty Cash	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	\$100.00
Petty Cash	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$100.00
Petty Cash	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/2000	\$100.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	\$1,650.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/2000	\$480.20
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	\$990.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$39.61

**SUBTOTAL** of Disbursements This Page (optional)

\$5,294.62

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$990.00
B. Full Name, Mailing Address and ZIP Code Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$1,021.15
C. Full Name, Mailing Address and ZIP Code Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$825.00
D. Full Name, Mailing Address and ZIP Code POVERUD, JONATHAN 344 W KNOLL STREE DELAND, FL 32720	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$1,547.00
E. Full Name, Mailing Address and ZIP Code POVERUD, JONATHAN 344 W KNOLL STREE DELAND, FL 32720	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/2000	\$1,068.92
F. Full Name, Mailing Address and ZIP Code POVERUD, JONATHAN 344 W KNOLL STREE DELAND, FL 32720	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	\$2,137.84
G. Full Name, Mailing Address and ZIP Code Sam's Club 3921 SW College Road Ocala, FL 34474-5729	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/2000	\$46.91
H. Full Name, Mailing Address and ZIP Code Silver Palate 350 E Norvell Bryant Hwy Hernando, FL 34442	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/2000	\$2,000.00
I. Full Name, Mailing Address and ZIP Code Silver Palate 350 E Norvell Bryant Hwy Hernando, FL 34442	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	\$771.60

**SUBTOTAL** of Disbursements This Page (optional) .....

\$10,408.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)			
Thurman for Congress Committee C00254870			
<b>A. Full Name, Mailing Address and ZIP Code</b> Skipper's Office Plus 217 SE 1st Avenue Ocala, FL 34471-2199	<b>Purpose of Disbursement</b> Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/2000	<b>Amount of Each Disbursement This Period</b> \$6.35
<b>B. Full Name, Mailing Address and ZIP Code</b> Skipper's Office Plus 217 SE 1st Avenue Ocala, FL 34471-2199	<b>Purpose of Disbursement</b> Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/06/2000	<b>Amount of Each Disbursement This Period</b> \$57.06
<b>C. Full Name, Mailing Address and ZIP Code</b> Skipper's Office Plus 217 SE 1st Avenue Ocala, FL 34471-2199	<b>Purpose of Disbursement</b> Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> \$35.96
<b>D. Full Name, Mailing Address and ZIP Code</b> Southern Press 6825 N.W. 18th Drive Gainesville, FL 32653	<b>Purpose of Disbursement</b> Envelopes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/30/2000	<b>Amount of Each Disbursement This Period</b> \$217.23
<b>E. Full Name, Mailing Address and ZIP Code</b> Southern Press 6825 N.W. 18th Drive Gainesville, FL 32653	<b>Purpose of Disbursement</b> OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/06/2000	<b>Amount of Each Disbursement This Period</b> \$521.51
<b>F. Full Name, Mailing Address and ZIP Code</b> Sprint PO Box 159008 Altamonte Springs, FL 32715-9006	<b>Purpose of Disbursement</b> Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/06/2000	<b>Amount of Each Disbursement This Period</b> \$38.78
<b>G. Full Name, Mailing Address and ZIP Code</b> Sprint PO Box 159008 Altamonte Springs, FL 32715-9006	<b>Purpose of Disbursement</b> Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/06/2000	<b>Amount of Each Disbursement This Period</b> \$2,754.24
<b>H. Full Name, Mailing Address and ZIP Code</b> ST PETERSBURG TIMES 301 W MAIN ST INVERNESS, FL 34450	<b>Purpose of Disbursement</b> ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 11/14/2000	<b>Amount of Each Disbursement This Period</b> \$479.82
<b>I. Full Name, Mailing Address and ZIP Code</b> ST PETERSBURG TIMES 301 W MAIN ST INVERNESS, FL 34450	<b>Purpose of Disbursement</b> ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> \$589.16
<b>SUBTOTAL of Disbursements This Page (optional)</b>			\$4,680.11
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$2,557.13
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/2000	\$227.25
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$3,560.25
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	\$1,335.82
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	service charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$2.00
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	service charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$85.00
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	check printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/2000	\$17.60
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	wire fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$25.00
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	wire fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$25.00

**SUBTOTAL** of Disbursements This Page (optional)

\$7,815.05

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust Bank, Nature Coast PO Box 158 West Inverness Office Brooksville, FL 34605	service charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$12.00
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	check printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$64.85
The Kitchens Group 1636 Hillcrest St Orlando, FL 32803	TRACKING POLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/2000	\$6,400.00
The Little Flower Shop 2602 Highway 44 West Inverness, FL 34453	flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/2000	\$126.87
THOMAS, PATRICK 1620 N PAUL DR INVERNESS, FL 34450	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	\$386.75
US Postmaster 50 Massachusetts Ave NW Washington, DC 20002	Mail Piece #3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	\$19,842.26
US Postmaster 50 Massachusetts Ave NW Washington, DC 20002	Mail Piece #2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	\$13,755.54
Vic Johnson PO Box 2087 St. Augustine, FL 32085	direct mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$21,552.48
Vic Johnson PO Box 2087 St. Augustine, FL 32085	Direct Mail #2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	\$15,587.55

**SUBTOTAL** of Disbursements This Page (optional) .....

\$77,527.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walt Connors, Inc. 210 W Tompkins St Inverness, FL 34450	office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$184.38
Walt Connors, Inc. 210 W Tompkins St Inverness, FL 34450	office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	\$17.96
Walt Connors, Inc. 210 W Tompkins St Inverness, FL 34450	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$256.99
WILL, GLADYS 918 W COLBERT CT BEVERLY HILLS, FL 34465	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$931.85
Williams, McGranie & Sutton, P.A. PO Box 428 Crystal River, FL 34423-0428	accounting fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	\$421.04
SunTrust Corporate Visa PO Box 628220 Orlando, FL 32802-3513	Credit Card Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$954.38
Bennigan's 3208 SW Archer Rd Gainesville, FL 32608	MEALS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	MEMO \$109.07
Bennigan's 3208 SW Archer Rd Gainesville, FL 32608	MEALS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	MEMO \$109.07
Best Buy 150 Defense Hwy Annapolis, MD 20701	return fax machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	MEMO (\$241.36)

**SUBTOTAL** of Disbursements This Page (optional)

\$2,766.80

**TOTAL** This Period (last page (N's line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
KINKO'S 3422 SW ARCHER RD GAINESVILLE, FL 32608	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$179.14
KINKO'S 3422 SW ARCHER RD GAINESVILLE, FL 32608	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$179.14
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$39.60
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$39.60
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$28.04
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.52
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.52
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$27.71
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$28.04

SUBTOTAL of Disbursements This Page (optional)	\$0.00
TOTAL This Period (last page this line number only)	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.06
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.50
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.50
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$22.06
SHELL 2612 HIGHWAY 44 WEST INVERNESS, FL 34452	GASOLINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$27.71
SunTrust Corporate Visa PO Box 628220 Orlando, FL 32802-3513	FINANCE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$28.78
SunTrust Corporate Visa PO Box 628220 Orlando, FL 32802-3513	FINANCE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$28.78
UNITED SANITATION 5111 S PINE AVE OCALA, FL 34478	TRASH REMOVAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$157.80
UNITED SANITATION 5111 S PINE AVE OCALA, FL 34478	TRASH REMOVAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/2000	\$157.80

**SUBTOTAL** of Disbursements This Page (optional) .....

\$0.00

**TOTAL** This Period (last page this line number only) .....

\$182,947.92

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Transfers to other Authorized Committees**

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**NAME OF COMMITTEE (In Full)**

Thurman for Congress Committee C00254670

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baesler for Congress PO Box 1807 Lexington, KY 40568	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$1,000.00
Byrum for Congress 721 North Capitol Suite B East Lansing, MI 48906	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	\$1,000.00
Citizens for Ron Klink 110B S Braddock Ave. Pittsburgh, PA 15218	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$500.00
Citizens to Elect Rick Larsen to Congress PO Box 326 Everett, WA 98206	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$500.00
Committee to Re-Elect Sam Gajdenson PO Box 181B Bozrah, CT 06334	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$1,000.00
Curtis Clinesmith for Congress 121 W Hickory Ste 100A Trenton, TX 78203	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$500.00
Dennis Moore for Congress PO Box 14831 Shawnee Mission, KS 66205	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$1,000.00
Dopley for Congress PO Box 1367 Visalia, CA 93279	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$1,000.00
Eleanor Jordan for Congress PO Box 21151 Louisville, KY 40221	KY-03 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	\$1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$7,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 18

**Transfers to other Authorized Committees**

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NAME OF COMMITTEE (In Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Hoefel for Congress 700 East Johnson Hwy Morriston, PA 19401	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	\$1,000.00
B. Full Name, Mailing Address and ZIP Code House Victory 517 N Calhoun Tallahassee, FL 32301	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Ken Bertson for Congress 9303 Stella Link Houston, TX 77025	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Sam Neill for Congress PO Box 2088 Hendersonville, NC 28793	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Sandford D Bishop, Jr for Congress PO Box 909 Columbus, GA 31902	Purpose of Disbursement Contribution GA-02 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Senate Victory 517 N Calhoun Tallahassee, FL 32301	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Stabenow for Senate PO Box 4945 East Lansing, MI 48826	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period \$1,000.00
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)

\$6,500.00

TOTAL This Period (last page this line number only)

\$14,000.00

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 type="checkbox"/> First Class Mail	POSTMARKED
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<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	
CR	12/12/00
PREPARER	DATE PREPARED