

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 20
10/26/2000 06 : 58

1. NAME OF COMMITTEE (in full) FRIENDS OF DAN MILLER		2. FEC IDENTIFICATION NUMBER C00264838
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 THIRD AVENUE WEST SUITE 200		
CITY, STATE, and ZIP CODE BRADENTON FL 34205	STATE / DISTRICT FL / 13	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding General (election type)
- July 15 Quarterly Report election on 11/07/2000 in the State of FL
- October 15 Quarterly Report Thirtieth day report following the General Election
- January 31 Year End Report on _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only) Termination report

This report contains activity for Primary election General election Runoff election Special election

SUMMARY

5. Covering period <u>10/01/2000</u> through <u>10/18/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	67375.18	255772.58
(b) Total Contribution Refunds (from line 20(d))	0.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	67375.18	255072.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	8909.36	128619.87
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	698.98
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	8909.36	127920.89
8. Cash on Hand at Close of Reporting Period (from line 27)	151871.88	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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	

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

Electronically Filed by Debra Cooper

Signature of Treasurer

Date

10/26/2000

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 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) FRIENDS OF DAN MILLER	Report Covering the Period From: 10/01/2000 To: 10/18/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	36500.00	
(ii) Unitemized	19841.00	
(iii) Total of contributions from individuals	56341.00	19841.00
(b) Political Party Committees	284.18	632.18
(c) Other Political Committees (such as PACs)	10750.00	68729.40
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	67375.18	255772.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	698.98
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	720.04
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	67375.18	257191.60
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	8909.36	128619.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(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
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	700.00
(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	700.00
21. OTHER DISBURSEMENTS	29534.18	67111.58
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	38443.54	196431.45
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		122940.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		67375.18
25. SUBTOTAL (add Line 23 and Line 24)		190315.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		38443.54
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		151871.88

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Allen J. Butler 2412 Landings Circle Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer H. Butler Shoes Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 500.00	
	Full Name, Mailing Address, and ZIP Code Howard R. Curd 2 North Tamiami Trail Suite 900 Sarasota FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	
Name of Employer Uniroyal Technology Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 1000.00	
Occupation President Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Judy Graham 1688 Hillview Sarasota FL 34239 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Graham Interiors Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 250.00	
Occupation Interior Decorator Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mary L. Holmes 612 Juan Anasco Drive Longboat Key FL 34228-1425 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer USCO Logistics Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 1000.00	
Occupation Business Development/Executive Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Thomas R. Holmes 612 Juan Anasco Drive Longboat Key FL 34228-1425 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer USCO Logistics Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 1000.00	
Occupation Executive Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jane Graham Hyslop 4557 Camino Real Sarasota FL 34231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Graham Interiors Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 250.00	
Occupation Assistant Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Cynthia S. Kaiser 1421 N. Lake Shore Drive Sarasota FL 34231-3464 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00	
Occupation Homemaker Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Stanley B. Kane 538 Norsota Way Sarasota FL 34242 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) 10/03/2000	Amount of Each Receipt this Period 1000.00
	Occupation Consultant	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code S. Mahadevan, M.D. 5420 Azure Way Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mote Marine Laboratories	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 250.00
	Occupation Director	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code Ronald A. Royal 1514 Gulfview Drive Sarasota FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 300.00
	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Tara V. Sandefur 129 Sea Gull Lane Sarasota FL 34236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code James W. Smith 3755 Glen Oaks Manor Drive Sarasota FL 34232 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Frank Strelec 1576 Eastbrock Drive Sarasota FL 34231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Williams, Parker, Dietz, et al	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Karen Swanson Turner 1600 Pine Harrier Circle Sarasota FL 34231-3353 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 500.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Robert E. Windom, M.D. 5450 Eagles Point Circle Sarasota FL 34231 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) 10/03/2000	Amount of Each Receipt this Period 250.00
	Occupation Healthcare Consultant		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code J. Robert Long 1518 S.W. 50th Lane Cape Coral FL 33914 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Marine Concepts	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code A. Lamar Matthews 4014 Red Rock Lane Sarasota FL 34231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Matthews, Hutton & Eastmore	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Patrick K. Neal 3711 Cortez Road West Bradenton FL 34210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Neal Communities	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 500.00
	Occupation Real Estate Developer		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Rex G. Richards 4926 Marshfield Road Sarasota FL 34235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sarasota Chamber of Commerce	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 500.00
	Occupation President		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Sandra J. C. Buchanan 635 Longboat Key Club Drive Longboat Key FL 34228 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Vernon G. Buchanan 835 Longboat Club Longboat Key FL 34228 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sarasota Ford	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	6 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page
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FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Frederick M. Derr P. O. Box 2719 Sarasota FL 34230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Derr Construction Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Teresa E. Derr P. O. Box 2719 Sarasota FL 34230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Realtor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Eugenio Erquiaga 397 Autumn Chase Drive Venice FL 34292 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Radiology Associates Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Julie A. Harts 7251 Plovers Way Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Murray J. Klauber 1620 Gulf of Mexico Drive Longboat Key FL 34228 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Colony Beach Resort Occupation Chairman/Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Phillip M. Lascelle, M.D. 845 Tropical Circle Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Shirley M. Lascelle 845 Tropical Circle Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 250.00

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Graciele McGillcuddy 5111 Ocean Boulevard Suite C Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Date (month, day, year) 10/10/2000 Amount of Each Receipt this Period 250.00
	Occupation Homemaker
	Aggregate Year-to-Date > \$ 250.00
Full Name, Mailing Address, and ZIP Code Paul H. Mercier 935 Indian Beach Drive Sarasota FL 34234 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) 10/10/2000 Amount of Each Receipt this Period 250.00
	Occupation Mercier Management Outsourcing
	Aggregate Year-to-Date > \$ 250.00
Full Name, Mailing Address, and ZIP Code Michael W. Miller 280 Santa Maria Street Venice FL 34295 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) 10/10/2000 Amount of Each Receipt this Period 500.00
	Occupation Developer
	Aggregate Year-to-Date > \$ 500.00
Full Name, Mailing Address, and ZIP Code David R. Mills 3528 Espanola Drive Sarasota FL 34239 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sarasota County Date (month, day, year) 10/10/2000 Amount of Each Receipt this Period 250.00
	Occupation County Commissioner
	Aggregate Year-to-Date > \$ 250.00
Full Name, Mailing Address, and ZIP Code Cynthia Fobbs Morlon 6023 Blackberry Lane Dallas TX 75246 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fobbs, McMillan & Associates Date (month, day, year) 10/10/2000 Amount of Each Receipt this Period 250.00
	Occupation Owner
	Aggregate Year-to-Date > \$ 750.00
Full Name, Mailing Address, and ZIP Code T. K. Satya 3566 San Remo Terrace Sarasota FL 34239 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) 10/10/2000 Amount of Each Receipt this Period 250.00
	Occupation Physician
	Aggregate Year-to-Date > \$ 250.00
Full Name, Mailing Address, and ZIP Code Marianne B. Siegal 916 North Casey Key Road Osprey FL 34229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Date (month, day, year) 10/10/2000 Amount of Each Receipt this Period 500.00
	Occupation Retired
	Aggregate Year-to-Date > \$ 500.00
SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Charlotte Vick P. O. Box 6119 Sarasota FL 34278 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) 10/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investor	Aggregate Year-to-Date > \$ 2000.00	
Full Name, Mailing Address, and ZIP Code Maurice M. Vick, Jr., M.D. P. O. Box 6119 Sarasota FL 34278 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) 10/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician	Aggregate Year-to-Date > \$ 2000.00	
Full Name, Mailing Address, and ZIP Code Eugene H. Beckstein 7418 Westmoreland Drive Sarasota FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Visitec Corporation	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 1000.00
	Occupation Self employed	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Stephen H. Goldman 3612 Country Place Lane Sarasota FL 34233-2120 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Oncology, Hematology Consultants	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Richard S. Olson 2424 Landings Circle Bradenton FL 34209-5074 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Better Homes & Gardens Real Estate	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 200.00
	Occupation Real Estate	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Pat A. Fickelsimer 7004 7th Avenue Boulevard, N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Manatee Printers	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Self-employed	Aggregate Year-to-Date > \$ 750.00	
Full Name, Mailing Address, and ZIP Code Hobart K. Richey, M.D. 728 The Rialto Venice FL 34285 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) 10/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) FRIENDS OF DAN MILLER					
Full Name, Mailing Address, and ZIP Code Conrad Szymanski 3506 Riverview Blvd. West Bradenton FL 34205		Name of Employer Bealls Department Stores		Date (month, day, year) 10/11/2000	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 Executive			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code James B. Tolerton P. O. Box 1059 Sarasota FL 34230-1059		Name of Employer Professional Benefits, In- c.		Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Insurance			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Ronald I. Weitzner, M.D. 3500 South Tamiami Trail Sarasota FL 34239		Name of Employer Sarasota Arthritis Center		Date (month, day, year) 10/11/2000	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 Physician			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Frank A. Buskirk 2413 87th Street, N.W. Bradenton FL 34209		Name of Employer F. A. Buskirk Company		Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Developer			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Walter Stern 4550 Pinebrook Circle Bldg. 2, Apt. 408 Bradenton FL 34209		Name of Employer Tropical Illusions		Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sales			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code R. M. Beall, II 4624 Riverview Boulevard West Bradenton FL 34209		Name of Employer Beall's, Inc.		Date (month, day, year) 10/13/2000	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 Owner/Retailer			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Paul Hoanle 7887 Midnight Pass Road Sarasota FL 34242-2717		Name of Employer Johnson Smith Company		Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Owner			
		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 20
			FOR LINE NUMBER 11A1

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)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Virginia P. Reed 5501 83rd Terrace East Sarasota FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 100.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code James J. Wall 6614 12th Avenue West Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Elizabeth K. Whaley 2043 79th Street N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Preston A. Whaley 2043 79th Street, N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1900.00		
Full Name, Mailing Address, and ZIP Code Laurence R. Saslaw 541 Norsota Way Sarasota FL 34242 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) 10/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation Consultant		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Deidre H. Ambrose 5603 Ravenwood Drive Sarasota FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pet-Doors USA	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Judy Baker 10062 Cherry Hills Avenue Circle Bradenton FL 34202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 300.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Frank A. Buskirk 2413 87th Street, N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer F. A. Buskirk Company	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 100.00
	Occupation Developer		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Bette Ciaravella 5023 - 47th Street West Bradenton FL 34210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer School Board of Manatee County	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Teacher		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dianne R. Dalton 700 Palma Sola Boulevard Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dale R. Davidson 10301 Braden Run Bradenton FL 34202 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) 10/17/2000	Amount of Each Receipt this Period 100.00
	Occupation Collector		
	Aggregate Year-to-Date > \$ 235.00		
Full Name, Mailing Address, and ZIP Code JoAnne H. Duke 11050 Old Tampa Road Parish FL 34219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Graham Edge 1727 1st Avenue West Bradenton FL 34205 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) 10/17/2000	Amount of Each Receipt this Period 500.00
	Occupation Musician		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Roger Hruby 10104 Clubhouse Drive Bradenton FL 34202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hendrix & Dall, Inc.	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 1400.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Bruce Hudson, M.D. 8107 DeSoto Memorial Highway Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Jerry V. Jarett 718 Golden Beach Boulevard Apartment 10 Venice FL 34285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Susan M. Knowles 11703 36th Avenue West Bradenton FL 34210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code Diana D. Landry 2911 Riverview Blvd., West Bradenton FL 34205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Kennedy Legler, III 120 40th Street Court NW Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Legler & Flynn Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Neil D. McCurry 44 Tidy Island Boulevard Bradenton FL 34210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Mark E. McLaughlin 5250 Riverview Boulevard Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ramblers Rest Resort Occupation Owner Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Glenda D. Miller 7806 Seville Circle Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code J. M. Miller 4900 Riverview Blvd. Bradenton FL 34209-1938 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Gregory J. Porges 2401 Riverview Boulevard West Bradenton FL 34205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hartlee, Porges, et al	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Wayne C. Rickert 5205 26th Street West, Suite B Bradenton FL 34207 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) 10/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investor	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Robert H. Rosenthal 3040 Grand Bay Boulevard Longboat Key FL 34226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code H. A. Seider, Jr. 5904 Riverview Lane Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code Paul A. Sharff 7412 18th Avenue Northwest Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sharff Investments	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 400.00
	Occupation Real Estate Broker	Aggregate Year-to-Date > \$ 500.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Donald D. Sherwin 1211 62nd Street NW Bradenton FL 34209 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) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Dentist		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Robert N. Spencer 4620 Riverview Boulevard Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer West Coast Tomato	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 300.00
	Occupation Manager		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Walter Stern 4550 Pinebrook Circle Bldg. 2, Apt. 408 Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tropical Illusions	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Sales		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Sandra O. Troader 7416 Riverview Drive, N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 100.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Lynn L. White P. O. Box 967 Palmetto FL 34220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Lee Transport, Inc.	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Maureen Wilson 2033 75th Street, N.W. Bradenton FL 34209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Harry Bakker 2359 Trailmate Drive Sarasota FL 34243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Trailmate, Inc.	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 20
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code Robert J. Boast 4827 14th Street West Bradenton FL 34205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bob Boast Dodge	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner Automobile Dealership		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Fred L. Crossman 2487 Dick Wilson Drive Sarasota FL 34240 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Tom Howze 5414 28th Street West Bradenton FL 34207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Howze Investments	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00
	Occupation Real Estate Development/Management		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Michael R. Pender, Jr. 4803 Winchester Drive Sarasota FL 34234 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cavanaugh & Company	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 100.00
	Occupation CPA		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Linda A. Walker 3608 21st Avenue West Bradenton FL 34205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mike Carter Construction	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 300.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	36500.00

SCHEDULE A		ITEMIZED RECEIPTS		16 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11B
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) FRIENDS OF DAN MILLER				
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE 320 FIRST STREET WASHINGTON DC 20003	Name of Employer	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 34.18 IN-KIND. Satellite Feed	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > 5		132.18		
Full Name, Mailing Address, and ZIP Code Venice-Nokomis Federated Repu- blican Women's Club 5150 Lemon Bay Boulevard Venice FL 34293	Name of Employer	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > 5		250.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				284.18

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 20
				FOR LINE NUMBER	11C
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) FRIENDS OF DAN MILLER					
Full Name, Mailing Address, and ZIP Code AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (URO-PAC) 1111 N PLAZA DRIVE SUITE 550 SCHAUMBURG IL 60173	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/10/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	1000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICP) HARBORSIDE FINANCIAL CENTER 201 PLAZA 3 JERSEY CITY NJ 07311	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/10/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	1000.00		
Full Name, Mailing Address, and ZIP Code Bread Political Action Committee 1350 I Street, N.W. Suite 1290 Washington DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/10/2000	250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	250.00		
Full Name, Mailing Address, and ZIP Code COMCAST CORPORATION POLITICAL ACTION COMMITTEE 1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/10/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	1000.00		
Full Name, Mailing Address, and ZIP Code Interim Services Inc. Political Action Committee 2050 Spectrum Boulevard Fort Lauderdale FL 33309	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/13/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	1000.00		
Full Name, Mailing Address, and ZIP Code Nestle USA, Inc., Political Action Committee 30003 Bainbridge Road Solon OH 44139-2290	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/13/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	1500.00		
Full Name, Mailing Address, and ZIP Code FPL PAC, FLORIDA POWER & LIGHT CO. EMPLOYEES' POLITICAL ACTION COMMITTEE 700 UNIVERSE BLVD./P. O. BOX 14000 JUNO BEACH FL 33408	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
		10/16/2000	1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$		5	2000.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 20
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOC. 8400 WESTPARK DRIVE MCLEAN VA 22102	Name of Employer	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 3000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 4000.00		
Full Name, Mailing Address, and ZIP Code National Beer Wholesalers Association Political Action Committee 1100 South Washington Street Alexandria VA 22314-4494	Name of Employer	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code NRLCA Political Action Committee 1630 Duke Street, 4th Floor Alexandria VA 22314-3465	Name of Employer	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	10750.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		19 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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) FRIENDS OF DAN MILLER				
Full Name, Mailing Address, and ZIP Code Antoinette F. Parsons 6101 34th Street West Apt. 22B Bradenton FL 34210	Purpose of Disbursement Purchase of Copier/Fax Machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 392.18	
Full Name, Mailing Address, and ZIP Code Antoinette F. Parsons 6101 34th Street West Apt. 22B Bradenton FL 34210	Purpose of Disbursement Reimbursement of Postage Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 13.63	
Full Name, Mailing Address, and ZIP Code Jaymie Carter 9407 - 25th Street East Parish FL 34219	Purpose of Disbursement Office Supplies Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 186.80	
Full Name, Mailing Address, and ZIP Code CDS Alarm Monitoring P. O. Box 524 Sarasota FL 34230	Purpose of Disbursement Security Alarm Monitoring Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 64.20	
Full Name, Mailing Address, and ZIP Code Harry's Continental Kitchen 525 St. Jude's Drive Longboat Key FL 34228	Purpose of Disbursement Catering for Fundraiser Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 1700.00	
Full Name, Mailing Address, and ZIP Code SS-20 Building Systems, Inc. 431 12th Street West Suite 203 Bradenton FL 34205	Purpose of Disbursement Office Postage Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 122.50	
Full Name, Mailing Address, and ZIP Code Verizon Florida, Inc. P. O. Box 31122 Tampa FL 33631-3122	Purpose of Disbursement Office Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 230.35	
Full Name, Mailing Address, and ZIP Code Cafe L'Europe 431 St. Armands Circle Sarasota FL 34238	Purpose of Disbursement Catering for Fundraiser Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/07/2000	Amount of Each Disbursement This Period 4500.00	
Full Name, Mailing Address, and ZIP Code Staff Leasing II 600 301 Boulevard West Bradenton FL 34206-5020	Purpose of Disbursement Payroll Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 1343.46	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			8553.12	

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 20
			FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF DAN MILLER

Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE 320 FIRST STREET WASHINGTON DC 20003	Purpose of Disbursement Transfer of Excess Funds	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 25000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code KELLER FOR CONGRESS PO BOX 1453 ORLANDO FL 32802	Purpose of Disbursement Campaign Contribution (House - FL - 08)	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MCCOLLUM, BILL 600 THISTLEWOOD COURT LONGWOOD FL 32779	Purpose of Disbursement Campaign Contribution (Senate - FL - 00)	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Bradley for State Senate P. O. Box 481 St. Petersburg FL 33731	Purpose of Disbursement Campaign Contribution	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code FERGUSON FOR CONGRESS PO BOX 4205 WARREN NJ 07059	Purpose of Disbursement Campaign Contribution (House - NJ - 07)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NORTHUP, ANNE MEAGHER 3340 LEXINGTON ROAD LOUISVILLE KY 40206	Purpose of Disbursement Campaign Contribution (House - KY - 03)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	29500.00