

McCOLLUM

CONGRESS

RECEIVED
FEDERAL ELECT
COMMISSION MAIL

DEC 5 10 23 AM '98

December 2, 1998

Federal Elections Commission
Mrs. Tammy Pataluna
999 E Street, N.W.
Washington, DC 20463

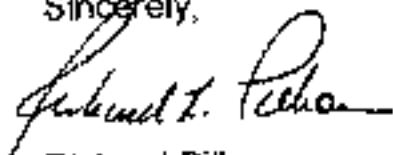
RE: Bill McCollum for Congress Committee
FEC Identification Number: C00166041

Dear Mrs. Pataluna:

Enclosed for filing with your office is the 1998 Post-General Report for the period covering financial activity from October 15, 1998 to November 23, 1998 for this committee.

Should you have any questions or require additional information, please do not hesitate to contact me at the campaign office.

Sincerely,



Richard Pilhorn
Treasurer

Enclosures

cc: Office of the Secretary of State, Division of Elections

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

Bill McCollum for Congress

ADDRESS (number and street) Check if different than previously reported.
600 Thistlewood Court

CITY, STATE and ZIP CODE STATE/DISTRICT
Longwood, FL 32779 FL 08

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER

C00166041 Dec 5 10 23 AM '98

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____ 11/03/98 in the State of _____ FL
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for

- Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$78893.87	\$436143.16
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$1518.57
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$78893.87	\$434624.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$72564.97	\$297495.32
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$849.94
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$72564.97	\$296645.38
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$790071.14	
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:
Federal Election Commission
990 E Street NW
Washington, DC 20483
Toll Free 800-424-9630
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Richard P. Horn

Signature of Treasurer *Richard P. Horn* Date 12-2-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to 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, FEC FORM 3)

Name of Committee (in full) Bill McCollum for Congress	Report Covering the Period:	
	From: 10/15/98	To: 11/23/98
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)	\$10950.00	
(ii) Unitemized	\$3630.00	
(iii) Total of contributions from individual	\$14100.00	\$26995.38
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$64513.87	\$226207.78
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$78693.87	\$436143.16
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	\$849.94
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$4014.35	\$43461.65
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$82708.23	\$480454.75
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$72564.97	\$297495.32
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	\$1000.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$518.57
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$1518.57
21. OTHER DISBURSEMENTS	\$3000.00	\$117000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$75564.97	\$416013.89
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$792927.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$82708.23
25. SUBTOTAL (add Line 23 and Line 24)		\$885636.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$75564.97
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$790071.14

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information reported from such receipts and statements may not be sold or used by any person for the purpose of soliciting contributions or for financial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code J.P. Carolan 455 Stonewood Lane Maitland, FL 32751-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Winderweeple, Kaines, Ward et Occupation Attorney</p> <p>Date (month, day, year) 10/15/98</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Paul Finer 955 Lancaster Drive Orlando, FL 32806-2364</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Anesthesiologist Assoc. Occupation Physician</p> <p>Date (month, day, year) 10/22/98</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Jesse Graham 847 Old England Avenue Winter Park, FL 32789-</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 Occupation Attorney at Law</p> <p>Date (month, day, year) 10/17/98</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jonathan Rose 1450 G Street, N.W. Suite 700 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Jones, Day, Reavis, et al Occupation Attorney at Law</p> <p>Date (month, day, year) 11/06/98</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code James Kellam 2606 Mandan Trail Winter Park, FL 32789-</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 Occupation Information Requested</p> <p>Date (month, day, year) 10/19/98</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>F. Full Name, Mailing Address and Zip Code Joe Swedish 766 Via Lombardy Winter Park, FL 32789-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Columbia Health Care Occupation Chief Executive Officer</p> <p>Date (month, day, year) 11/02/98</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Michael Gebauer 5109 Countours Drive Orlando, FL 32810-1807</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hunt Club Medical Care Occupation Physician</p> <p>Date (month, day, year) 10/21/98</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information supplied 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)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code Cynthia Wilkinson 2528-E South Arlington Mill Drive Arlington, VA 22206-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Twenty-First Century Group Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Jack Fields 434 New Jersey Avenue, S.E. Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Twenty-First Century Group Occupation CEO</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Lynn Fields P.O. Box 2286 Humble, TX 77347-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Homemaker Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code David Smith 4146 Conway Place Circle Orlando, FL 32812-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer R.C. Stevens Construction Co. Occupation President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Phillip Owen 1509 Sunset Pointe Place Kissimmee, FL 34744-</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 Occupation Real Estate Dev.</p> <p>Aggregate Year-to-Date -> \$450.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$450.00</p>
<p>F. Full Name, Mailing Address and Zip Code Laurel Snyder 616 Fox Fields Road Bryn Mawr, PA 19010-</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 Occupation Commercial Heating Contractor</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>G. Full Name, Mailing Address and Zip Code Alicia Mercer 1585 The Oaks Blvd. Kissimmee, FL 34746-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Microkey Software Occupation Corporate Officer</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$300.00</p>

SUBTOTAL of Receipts This Page (optional)

\$4550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code Charles Rogers 415 Arbor Court Celebration, FL 34747-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer SunTrust Bank</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Lomnosoff 10905 Bayshore Drive Windermere, FL 34786-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Walt Disney World Co.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 10/21/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Tanny Nevou 2801 Shadow Wood Court Kissimmee, FL 34746-</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 -> \$600.00</p>	<p>Date (month, day, year) 10/22/98</p>	<p>Amount of Each Receipt this Period \$600.00</p>
<p>D. Full Name, Mailing Address and Zip Code Juan Medero Villas De Caney F-3 Calle Armons Trecillo Alto, PR 00976-</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 CFA</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/31/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jose Franco 1319 Ashford Avenue, Apt. 3-B San Juan, PR 00907-</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 Media Consultant</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/31/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code G & A Barone Attn: Clifford La Chappe 1095 Barona Road Lakeside, CA 92040-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Applicable</p> <p>Occupation Indian Tribe</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 11/02/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional):</p>	<p>\$3300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$10350.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 8

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)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code AICPA Effective Legislation PAC 1455 Pennsylvania Avenue, N.W. Washington, DC 20004-1081</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Date (month, day, year) 10/21/98</p>	<p>Amount of Each Receipt this Period \$4938.84</p>
<p>B. Full Name, Mailing Address and Zip Code Americans for Free International Trade PAC 112 South West Street, Suite 310 Alexandria, VA 22314-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$2330.00</p>	<p>Date (month, day, year) 10/21/98</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Medical PAC 1101 Vermont Avenue, N.W. Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Date (month, day, year) 10/29/98</p>	<p>Amount of Each Receipt this Period \$5030.30</p>
<p>D. Full Name, Mailing Address and Zip Code ASCAP Legislative Fund for the Arts Attn: Ms. Marilyn Bergman, President 1 Lincoln Plaza New York, NY 10021-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Auction Markets PAC of the Chicago Board of Trade Suite 1225 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Arthur Andersen & Co. PAC Suite 2100 260 South Orange Avenue Orlando, FL 32801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$225.30</p>	<p>Date (month, day, year) 10/16/98</p> <p>Fund Raise</p>	<p>Amount of Each Receipt this Period \$225.30</p> <p>Catering</p> <p>IN-KIND</p>
<p>G. Full Name, Mailing Address and Zip Code Bankers Trust New York Corporation PAC Attn: Douglas W. Kidd 130 Liberty Street New York, NY 10006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Date (month, day, year) 10/24/98</p>	<p>Amount of Each Receipt this Period \$2500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$16164.14

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code Dealers Election PAC of National Automobile Dealers Association 8400 Westpark Drive McLean, VA 22102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 10/11/98</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dealers Election PAC of National Automobile Dealers Association 8400 Westpark Drive McLean, VA 22102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 10/20/98</p> <p>Aggregate Year-to-Date -> \$5500.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ernst & Young PAC 1225 Connecticut Avenue N.W. Suite 600 Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/02/98</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>D. Full Name, Mailing Address and Zip Code The Glaxo Political Action Committee Attn: Sara L. Froslich 1500 K Street, N.W. Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/03/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code HOFFMAN LAROCHE Good Gov't 1300 L Street, Northwest Suite 520 West Washington, DC 20005-3314</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 10/27/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code International Council Shopping Ctr PAC 1033 North Fairfax Street, Suite 404 Alexandria, VA 22314-1540</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 10/27/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Investment Management PAC Attn: Mr. Donald Morrissey 1401 M Street, N.W. Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 10/26/98</p> <p>Aggregate Year-to-Date -> \$3000.00</p>	<p>Amount of Each Receipt this Period \$1500.00</p>

SUBTOTAL of Receipts This Page (optional)	\$10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate subtotals for each category of the Detailed Summary Page

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 financial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code Manufactured Housing Institute PAC Attn: Ms. Sherri Stone, Treasurer 2101 Wilson Blvd, Suite 610 Arlington, VA 22201-3062 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 11/02/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$2500.00
B. Full Name, Mailing Address and Zip Code Marriott International Inc. PAC Marriott Drive, Dept. 904 Washington, DC 20058- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/27/98 Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
C. Full Name, Mailing Address and Zip Code MAYPAC Attn: Steven Pfister 611 Olive Street Saint Louis, MO 63101- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 11/02/98 Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
D. Full Name, Mailing Address and Zip Code National Beer Wholesalers Ass'n PAC 1100 S. Washington Street Alexandria, VA 22314-4494 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/27/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00
E. Full Name, Mailing Address and Zip Code Nationsbank Corporation PAC 100 North Tryon Street, 23rd Floor Charlotte, NC 28255 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/28/98 Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$2000.00
F. Full Name, Mailing Address and Zip Code National Check Cashers Assoc. PAC 25 Main Street P.O. Box 647 Hackensack, NJ 07602- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 11/11/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00
G. Full Name, Mailing Address and Zip Code Owens-Corning Better Government Fund Fiberglas Tower Toledo, OH 43659- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 10/21/98 Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Schedules may not be sold or used by any person for the purpose of soliciting contributions or for operational purposes, other than noting the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code Florida Health PAC Post Office Box 6936 Attn: Mr. Michael Hightower Jacksonville, FL 32236-6936	Name of Employer Occupation	Date (month, day, year) 10/17/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$2000.00		
B. Full Name, Mailing Address and Zip Code American Hospital Association PAC 325 Seventh Street, N.W. Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 10/30/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
C. Full Name, Mailing Address and Zip Code Price Waterhouse Partners' PAC 1900 K Street, N.W. Suite 900 Washington, DC 20036-	Name of Employer Occupation	Date (month, day, year) 10/17/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code Realtors PAC National Association of Realtors Attn: Mr. Trey Richardson, PAC Director Chicago, IL 60611-	Name of Employer Occupation	Date (month, day, year) 10/24/98	Amount of Each Receipt this Period \$1599.73
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5599.73		
E. Full Name, Mailing Address and Zip Code Title Industry PAC Attn: Ms. Ann von Elgen 1328 L Street, N.W., Suite 705 Washington, DC 20036-5104	Name of Employer Occupation	Date (month, day, year) 11/03/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1300.00		
F. Full Name, Mailing Address and Zip Code American Occupational Therapy Assoc PAC P.O. Box 31220 4720 Montgomery Lane Bethesda, MD 20824-1220	Name of Employer Occupation	Date (month, day, year) 10/24/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
G. Full Name, Mailing Address and Zip Code VIASAC Viacom International, Inc. PAC Attention: Ms. Carol Melton Washington, DC 20005-	Name of Employer Occupation	Date (month, day, year) 11/02/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional) \$11099.73

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 8
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)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code Rite-Aid Political Action Committee Post Office Box 3165 Harrisburg, PA 17105-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/03/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code The Hartford Advocates Fund Hartford Plaza Attn: Mr. Eric Thompson Hartford, CT 06115-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/02/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code RePAC Reinsurance Association of America PAC 1301 Pennsylvania Ave., N.W. Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/02/98</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Federation of American Health Systems FEH PAC 1111 19th Street, N.W., Suite 402 Washington, DC 20036-3668</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/17/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code NHEMA PAC National Home Equity Mortgage Assoc. 1301 Pennsylvania Avenue, N.W. Suite 500 Washington, DC 20044-0982</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/17/98</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Abbott Laboratories Good Government Fund Route 137 and Waukegan Road Attn: Mr. David Landside, Chairman Abbott Park, IL 60064-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/17/98</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code McKeason Employees Political Fund One Post Street, Suite 3200 Attn: Philip Doll, Director Orlando Area San Francisco, CA 94104-5280</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/21/98</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy Political Action Committee 1111 N. Fairfax Street Alexandria, VA 22314-		10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1000.00	
B. Full Name, Mailing Address and Zip Code Pitney Bowes, Inc. Political Action Committee Attn: David Nassef Washington, DC 20024-2194		10/21/98	\$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	
C. Full Name, Mailing Address and Zip Code United States Telephone Association Political Action Committee Attn: Lisa Costello Washington, DC 20005-2118		10/21/98	\$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	
D. Full Name, Mailing Address and Zip Code Massachusetts Financial Services Co. Political Action Committee Attn: James Russell Boston, MA 02116-3741		10/24/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$500.00	
E. Full Name, Mailing Address and Zip Code Massachusetts Financial Services Co. Political Action Committee Attn: James Russell Boston, MA 02116-3741		11/01/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Redesignated	
	Aggregate Year-to-Date ->	\$1000.00	MEMO
F. Full Name, Mailing Address and Zip Code National Telephone Cooperative Assoc. Political Action Committee 2626 Pennsylvania Ave., N.W. Washington, DC 20037-		10/27/98	\$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 Society of Thoracic Surgeons PAC 1200 - 19th Street, N.W. Suite 300 Washington, DC 20036-		10/28/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1000.00	

SUBTOTAL of Receipts This Page (optional) \$4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adelphia Communications PAC Attn: Randall Fisher, Esq. P.O. Box 472 Coudersport, PA 16914-		10/29/98	\$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	
B. Full Name, Mailing Address and Zip Code Concerned Associates Employees PAC Attn: Ms. Judy Winkel 250 Carpenter Freeway Irving, TX 75062-		10/31/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1000.00	
C. Full Name, Mailing Address and Zip Code Hopkins & Sutter Political Fund Attn: Jodi Hanson 888 Sixteenth Street, N.W. Washington, DC 20006-		11/02/98	\$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	
D. Full Name, Mailing Address and Zip Code National Association of Federal Credit Unions PAC Attn: Mr. Alvin Cowans Washington, DC 20007-		11/02/98	\$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	
E. Full Name, Mailing Address and Zip Code Nationwide Political Participation Committee Operating Account One Nationwide Plaza Columbus, OH 43216-		11/12/98	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$500.00	
F. Full Name, Mailing Address and Zip Code Walter Industries Inc. PAC Attn: David L. Townsend 1500 N. Dale Mabry Tampa, FL 33601-3601		11/11/98	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$250.00	
G. Full Name, Mailing Address and Zip Code		/ /	
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)	\$3250.00
TOTAL This Period (last page this line number only)	\$64513.87

SCHEDULE A

ITEMIZED RECEIPTS

This separate schedule is for each category of the so-called primary page

PAGE 1 OF 1

FOR LINE NUMBER 15

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code SunTrust Bank, N.A. of Winter Park P.O. Box 628096 Orlando, FL 32897</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Interest</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$681.95</p>	<p>Date (month, day, year) 10/30/98</p>	<p>Amount of Each Receipt this Period 583.84</p>
<p>B. Full Name, Mailing Address and Zip Code Prudential Securities, Inc. 800 North Magnolia Avenue, Suite 1401 Orlando, FL 32803-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Realized Gain <Loss></p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$39070.55</p>	<p>Date (month, day, year) 10/23/98</p>	<p>Amount of Each Receipt this Period \$221.37</p>
<p>C. Full Name, Mailing Address and Zip Code Prudential Securities, Inc. 800 North Magnolia Avenue, Suite 1401 Orlando, FL 32803-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Realized Gain <Loss></p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$42779.70</p>	<p>Date (month, day, year) 10/30/98</p>	<p>Amount of Each Receipt this Period \$3709.15</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4014.36</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$4014.36</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10

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)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ASAP Print Services 224 South 38th Street Lincoln, NE 68510-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$829.50
B. Full Name, Mailing Address and Zip Code AT&T Wireless Services Post Office Box 628085 Orlando, FL 32862-8085	Purpose of Disbursement Monthly Phone: October Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/28/98	Amount of Each Disbursement This Period \$61.01
C. Full Name, Mailing Address and Zip Code Apopka Chief Newspaper 439 West Orange Blossom Trail Apopka, FL 32112-	Purpose of Disbursement advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/23/98	Amount of Each Disbursement This Period \$435.60
D. Full Name, Mailing Address and Zip Code Arch InterLink Paging P.O. Box 30526 Tampa, FL 33630-3526	Purpose of Disbursement Pager Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/11/98	Amount of Each Disbursement This Period \$70.99
E. Full Name, Mailing Address and Zip Code Arthur's Fine Gourmet Catering Post Office Box 948521 Maitland, FL 32794-8521	Purpose of Disbursement Fund Raiser Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/22/98	Amount of Each Disbursement This Period \$1332.42
F. Full Name, Mailing Address and Zip Code Arthur Anderson & Co. PAC Suite 2100 200 South Orange Avenue Orlando, FL 32801-	Purpose of Disbursement Fund Raiser Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/98	Amount of Each Disbursement This Period \$225.30 IN KIND
G. Full Name, Mailing Address and Zip Code BellSouth P.O. Box 70807 Charlotte, NC 28272-0807	Purpose of Disbursement Remote Access Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/19/98	Amount of Each Disbursement This Period \$23.97

SUBTOTAL of Disbursements This Page (optional) \$2978.79

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bellsouth P.O. Box 70807 Charlotte, NC 28272-0807	Remote Access Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$21.64
Bellsouth P.O. Box 70807 Charlotte, NC 28272-0807	Monthly Phone: October Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	\$336.01
Ms. Nancy Bouskor 1212 North Vernon Street Arlington, VA 22201-	Fundraising Consulting Fee Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	\$1561.21
Mrs. Alison Buzynski 4025 Old Dominion Road Orlando, FL 32812-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$795.30
Chesapeake Media Mr. Alex Ray 31830 Bitterf Lane Cordova, MD 21625-	Advertising Production Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	\$13045.00
Copytronics P.O. Box 5489 Jacksonville, FL 32247-5489	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$83.12
Costco 741 Orange Avenue Altamonte Springs, FL 32714-	Election Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/95	\$276.34

SUBTOTAL of Disbursements This Page (optional)	\$36118.42
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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NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Shipping: 4-691-50618 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$73.50
B. Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Shipping: 4-698-41808 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$89.25
C. Full Name, Mailing Address and Zip Code Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$1205.60
D. Full Name, Mailing Address and Zip Code Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Reimbursement: Volunteer Lunch Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$64.65
E. Full Name, Mailing Address and Zip Code Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Reimbursement: Fundraiser Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$187.02
F. Full Name, Mailing Address and Zip Code Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/98	\$500.00
G. Full Name, Mailing Address and Zip Code Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Milage Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$228.60

SUBTOTAL of Disbursements This Page (optional)	\$2348.62
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/98	\$1205.60
Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Reimbursement for Volunteer Lunch Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/98	\$55.20
Ms. Elizabeth Gianini 1200 Poinsettia Avenue Orlando, FL 32804-	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/98	\$1205.60
Hockaday Donatelli/Campaign Solutions 111 North Alfred Street Attn: Robert Arena Alexandria, VA 22314-	GOTV phone calls Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/98	\$1761.50
SunTrust Bank Deposit For: Payroll Tax Deposit Internal Revenue Service Atlanta, GA 30349-5703	Payroll Tax: October Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/98	\$1765.42
Internet Marketing Group P.O. Box 950456 Lake Mary, FL 32795-0456	Website Management Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/11/98	\$119.85
Internet Marketing Group P.O. Box 950456 Lake Mary, FL 32795-0456	Website Management Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/18/98	\$55.00

SUBTOTAL of Disbursements This Page (optional)	\$6168.17
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code La Prensa 685 South Highway 427 Longwood, FL 32750-6403</p>	<p>Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 10/22/98</p>	<p>Amount of Each Disbursement This Period \$422.00</p>
<p>B. Full Name, Mailing Address and Zip Code La Prensa 685 South Highway 427 Longwood, FL 32750-6403</p>	<p>Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/11/98</p>	<p>Amount of Each Disbursement This Period \$130.00</p>
<p>C. Full Name, Mailing Address and Zip Code Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823</p>	<p>Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/02/98</p>	<p>Amount of Each Disbursement This Period \$260.94</p>
<p>D. Full Name, Mailing Address and Zip Code Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823</p>	<p>Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/02/98</p>	<p>Amount of Each Disbursement This Period \$274.99</p>
<p>E. Full Name, Mailing Address and Zip Code Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823</p>	<p>Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 10/22/98</p>	<p>Amount of Each Disbursement This Period \$571.19</p>
<p>F. Full Name, Mailing Address and Zip Code Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823</p>	<p>Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Disbursement This Period \$259.97</p>
<p>G. Full Name, Mailing Address and Zip Code Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823</p>	<p>Purpose of Disbursement Ad Design Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 11/02/98</p>	<p>Amount of Each Disbursement This Period \$110.20</p>

SUBTOTAL of Disbursements This Page (optional)	\$2029.29
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedules for each category on the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$117.06
Lawton Printers, Inc. 185 Anchor Road Casselberry, FL 32707-3823	Ad Design Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	\$80.25
Mail America 1470 Kastner Drive #120 Attn: Scott Greenberg Sanford, FL 32771-	Mail Processing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$201.33
Representative Bill McCollum 605 East Robinson Street Suite 305 Orlando, FL 32801-	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	\$465.00
Nationsbank (Barnett) Visa (KAB) Department #9100 Carol Stream, IL 60128-9100	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$6829.61
A Creative Affairs Catering Winter Park, FL	Fund Raiser Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$742.00 MEMO
Mail America 1470 Kastner Drive #120 Attn: Scott Greenberg Sanford, FL 32771-	Absentee Ballot Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$967.44 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$7693.23
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Budget Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim's Wine Market 1223 N. Orange Avenue Orlando, FL 32804-	Fundraiser Beverages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$335.60 MEMO
USAir	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$296.00 MEMO
United States Postmaster	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$4160.00 MEMO
Nationsbank (Barnett) Visa Business Department #9100 Carol Stream, IL 60128-9100	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$5503.29
Mail America 1470 Kastner Drive #120 Attn: Scott Greenberg Sanford, FL 32771-	Absentee Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$535.00 MEMO
USAir	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$265.00 MEMO
United States Postmaster	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$3859.45 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$5503.29
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

Any information reported from these Reports and Schedules 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 obtain contributions from such committee.

NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot Credit Plan P.O. Box 30292 Salt Lake City, UT 84130-0292	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	\$135.09
B. Full Name, Mailing Address and Zip Code Petty Cash 605 East Robinson Street Suite 305 Orlando, FL 32801-	Purpose of Disbursement Replenish Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$200.00
C. Full Name, Mailing Address and Zip Code Petty Cash 605 East Robinson Street Suite 305 Orlando, FL 32801-	Purpose of Disbursement Replenish Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	\$200.00
D. Full Name, Mailing Address and Zip Code Radio Luz P. O. Box 593642 Orlando, FL 32859-3642	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$480.00
E. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$785.33
F. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-	Purpose of Disbursement Mileage Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/98	\$51.60
G. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$785.33

SUBTOTAL of Disbursements This Page (optional)

\$2637.35

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

<p>A. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-</p>	<p>Purpose of Disbursement Mileage Reimbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Disbursement This Period \$20.85</p>
<p>B. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-</p>	<p>Purpose of Disbursement Milage Reimbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/02/98</p>	<p>Amount of Each Disbursement This Period \$48.30</p>
<p>C. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-</p>	<p>Purpose of Disbursement Salary</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/06/98</p>	<p>Amount of Each Disbursement This Period \$785.33</p>
<p>D. Full Name, Mailing Address and Zip Code Ms. Patricia Sedon 13917 Fairway Island Drive Unit 918 Orlando, FL 32837-</p>	<p>Purpose of Disbursement Salary</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/15/98</p>	<p>Amount of Each Disbursement This Period \$785.33</p>
<p>E. Full Name, Mailing Address and Zip Code Southstate Management Corporation 605 East Robinson Street Suite 400 Orlando, FL 32801-</p>	<p>Purpose of Disbursement Rent: November</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Disbursement This Period \$1647.11</p>
<p>F. Full Name, Mailing Address and Zip Code SunTrust Bank, N.A. of Winter Park P.O. Box 628096 Orlando, FL 32897</p>	<p>Purpose of Disbursement Service Fee</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/30/98</p>	<p>Amount of Each Disbursement This Period \$15.00</p>
<p>G. Full Name, Mailing Address and Zip Code Telimagine, Inc. / Sprint Authorized P.O. Box 6167 Carol Stream, IL 60197-6167</p>	<p>Purpose of Disbursement Telephone Lease</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/22/98</p>	<p>Amount of Each Disbursement This Period \$122.96</p>

SUBTOTAL of Disbursements This Page (optional)	\$3424.88
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Telimagine, Inc. / Sprint Authorized P.O. Box 6167 Carol Stream, IL 60197-6167	Phone Hook-up; Invoice 978026723 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	\$105.00
B. Full Name, Mailing Address and Zip Code The Travelers Commercial Lines-Direct Billing P.O. Box 42527 Philadelphia, PA 19101-2527	Liability Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$701.00
C. Full Name, Mailing Address and Zip Code United States Postmaster	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$861.32
D. Full Name, Mailing Address and Zip Code Mr. Tyler Weason 463 Citrus Lane Maitland, FL 32751-	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/98	\$650.00
E. Full Name, Mailing Address and Zip Code West Orange Times 720 South Dillard Winter Garden, FL 34787-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	\$441.00
F. Full Name, Mailing Address and Zip Code Zephyrchills Natural Spring Water Processing Center P. O. Box 650640 Dallas, TX 75265-0640	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$34.64
G. Full Name, Mailing Address and Zip Code		/ /	

SUBTOTAL of Disbursements This Page (optional)

\$2792.96

TOTAL This Period (Last page this line number only)

571693.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Bill McCollum for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hofmeister for Congress 2511 East 46th Street Building M Indianapolis, IN 46205-	Indiana 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$1000.00
B. Full Name, Mailing Address and Zip Code Shawn Terry for Congress 2634 South Carrier Parkway Suite 109 Grand Prairie, TX 75052-	Texas 24 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$1000.00
C. Full Name, Mailing Address and Zip Code Leslie Touma for Congress 26657 Woodward Avenue Suite 202 Huntington Woods, MI 48070-	Michigan 12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$3000.00
TOTAL This Period (last page this line number only)	\$3000.00

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
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/2/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>RAM</i> PREPARER	 12/5/98 DATE PREPARED