

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00264838 FL/13 120597 N
 DEBRA COOPER
 FRIENDS OF DAN MILLER
 1111 THIRD AVENUE WEST SUITE 2
 BRADENTON FL 34205

RECEIVED
FEDERAL ELECTION
COMMISSION

FEB 3 11 25 AM '98

2. FEC IDENTIFICATION NUMBER
C00264838

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/01/97 through 12/31/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	34,370.00	88,591.50
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	34,370.00	88,591.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28,451.21	48,415.75
(b) Total Offsets to Operating Expenditures (from Line 14)	86.96	1,198.76
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	28,364.25	47,216.99
8. Cash on Hand at Close of Reporting Period (from Line 27)	58,675.56	For further information contact: Federal Election Commission 998 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	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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
Debra Cooper

Signature of Treasurer
Debra Cooper

Date
1/30/97

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, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Friends of Dan Miller	From: 7/01/97	To: 12/31/97
C00264838		
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) -----	11,250.00	
(ii) Unitemized -----	8,120.00	
(iii) Total of contributions from individuals -----	19,370.00	70,591.50
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	15,000.00	18,000.00
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	34,370.00	88,591.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	0
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	86.96	1,198.76
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	326.24	448.11
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	34,783.20	90,238.37
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	28,451.21	48,415.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	0
(b) Of All Other Loans -----	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	113.00	113.00
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	0
21. OTHER DISBURSEMENTS -----	500.00	500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	29,064.21	48,028.75
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 52,956.57	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 34,783.20	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 87,739.77	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 29,064.21	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 58,675.56	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from individuals

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

PAGE 1 OF 3

FOR LINE NUMBER 11 (a) (i)

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

NAME OF COMMITTEE (In Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harvey Anderson 3807 Bayside Drive Bradenton, FL 34210	none	9/22/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Beall, II PO BOX N Bradenton, FL 34206	Beall's Inc.	9/9/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retailer	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dan Blalock, Jr. 1111 8th Avenue West Bradenton, FL 34205	Wymann, Green & Blalock	9/9/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation realtor/developer	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ted Bogusz 6509 Waterford Circle Sarasota, FL 34238	Suncoast Insurers	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lee Butzin 1559 Lake Ellen Dr Chapel Hill, NC 27514	Analytical Consultants Inc.	7/24/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate appraiser	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Costellano 1001 Midwest Club Pkwy Oak Brook, IL 60523	none	12/2/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Farren 402 Third Street, S.E. Washington DC 20003-1930	Xerox Corporation	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Management	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 4300.00

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

PAGE 2 OF 3
FOR LINE NUMBER 11(a)(1)

Contributions from individuals (continued)

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Golder 3400 Seagrape Drive Sarasota, FL 34242	self	9/22/97	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Hoenle 7887 Midnight Pass Road Sarasota, FL 34242-2717	Johnson-Smith Co.	9/22/97	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger H. Ruby 7610 Highway 41 North Palmetto, FL 34221	Hendrix & Dail, Inc.	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nick Kominus 8215 Donset Drive Springfield, VA 22152	U.S. Cane Sugar Refiners	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alberto Montavlo 5928 Riverview Blvd Bradenton, FL 34209	self	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Rauch 1415 9th Avenue East Bradenton, FL 34208	General Propeller	7/24/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sally Rauch 6670 Gulf of Mexico Drive Long Boat Key, FL 34228	none	7/24/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) 4650.00

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

PAGE 3 OF 3
FOR LINE NUMBER 11(a)(1)

Contributions from individuals (continued)

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller COD264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Saputo 2810 Wilfred Reid Circle Sarasota, FL 34240		12/2/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deanne Shatz 4243 Lenore Lane NW Washington DC 20008	none	9/22/97	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edgar Uihlein 500 Skokie Blve, Suite 595 North Brook, IL 60062	none	7/24/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Walla 639 Corawell on the Gulf Venice, FL 34285	self	9/22/97	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Watsky 2205 87th Street NW Bradenton, FL 34209	self	9/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2300.00

TOTAL This Period (last page this line number only) 11,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(c)

Contribution from PAC's

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller CUD264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers Voluntary Political Fund 650 4th Avenue Brooklyn, NY 11238 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dental Political Action Committee 1111 14th Street NW, Suite 1100 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGC Political Action Committee 1957 E Street NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blue Cross Blue Shield Assoc. Political Action Committee 1310 G Street Nw Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnett People for Better Government 50 N Laura Street Jacksonville, FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97 10/15/97	500.00 500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Committee 1101 Vermont Avenue NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	4000.00
	Occupation		
	Aggregate Year-to-Date	> \$ 4000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harris Federal Employees PAC Melbourne, FL 32919 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/97	1000.00
	Occupation		
	Aggregate Year-to-Date	> \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) 8000.00

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

PAGE 2 OF 3

FOR LINE NUMBER

11(c)

Contributions from PAC's (continued)

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Food Marketing Institute Political Action Committee 800 Connecticut Ave NW, Suite 500 Washington DC, 20006-2701		9/22/97	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Florida Citrus Mutual Political Action Committee Box 89 682-111 Lakeland, FL 33802		9/22/97	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CSX Transportation PAC 1331 Pennsylvania Avenue NW, Suite 560 Washington DC 20004		9/22/97	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Soft Drink PAC 1101 Sixteenth Street NW Washington DC, 20036		9/22/97	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Oshkosh Truck Corp. PAC 2307 Oregon Street, Box 2566 Oshkosh, WI 54903-2566		9/22/97	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Seagram & Sons, Inc. PAC 1401 Eye Street NW Washington DC, 20005		9/22/97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ice Cream, Milk & Cheese PAC 1250 H Street NW, Suite 900 Washington DC, 20005		9/22/97	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	

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

PAGE 3 OF 9

FOR LINE NUMBER
11 (c)

Contributions from PAC's (continued)

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NAME OF COMMITTEE (in Full)

Friends of Dan Miller C000264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Team Ameritech PAC 1401 H Street NW Box 27768 Washington DC, 20038-7768		9/22/97	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Pacific Fund For Effective Government 555 13th Street West, Suite 450 Washington DC, 20004		10/01/97	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dealers Election Action Committee 8400 Westpark Drive McLean, VA 22102		10/01/97	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Coopers & Lybrand PAC 1900 K Street NW Washington DC, 20006		10/01/97	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Power Corp PAC Box 14042 St Petersburg, FL 33733		10/30/97	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Beer Wholesalers PAC 1100 S. Washington Street Alexandria, VA 22314-4494		12/2/97	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 15,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

Offsets to Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller CD0264838

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LTM Distributing, Inc. 170 Shopping Avenue Sarasota, FL 34237	refund	9/9/97	86.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 86.96	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 86.96

TOTAL This Period (last page this line number only) 86.96

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (in Full)

Friends of Dan Miller C00264839

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnett Bank of Manatee Co. Box 9390 Bradenton, FL 34206	interest on checking	7/31/97	48.41
		8/31/97	47.14
		9/30/97	55.58
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnett Bank of Manatee Co. Box 9390 Bradenton, FL 34206	interest on checking	10/30/97	63.77
		11/28/97	52.42
		12/31/97	58.92
	Occupation	Aggregate Year-to-Date > \$ 448.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 326.24

TOTAL This Period (last page this line number only) 326.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
File Safe, Inc. 417 12th Street West Bradenton, FL 34205	office rent	7/3/97	722.25
		7/30/97	722.25
		8/27/97	722.25
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name, Mailing Address and ZIP Code GTE MOBILNET box 632005 Dallas, TX 75263-0025	mobile telephone	7/3/97	37.20
		8/27/97	33.69
		9/25/97	37.20
		10/29/97	37.20
C. Full Name, Mailing Address and ZIP Code PCS Online Services 5917 Manatee Avenue West Bradenton, FL 34209	computer services	7/3/97	89.85
		8/27/97	89.85
		12/01/97	89.85
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
D. Full Name, Mailing Address and ZIP Code Executive Office 1001 Third Ave West Suite 350 Bradenton, FL 34205	secretarial services	7/3/97	62.95
		7/30/97	11.41
		8/27/97	26.78
		9/25/97	253.31
E. Full Name, Mailing Address and ZIP Code Staff Leasing II Drawer 731 Bradenton, FL 34206	payroll	7/15/97	256.98
		8/2/97	102.80
		8/7/97	102.80
		8/20/97	102.80
F. Full Name, Mailing Address and ZIP Code Office Depot 4301 14th Street West Bradenton, FL 34205	office supplies	8/2/97	171.57
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
G. Full Name, Mailing Address and ZIP Code GTE Florida PO Box 3122 Tampa, FL 33631-3122	campaign telephone	7/28/97	130.88
		7/30/97	68.26
		8/7/97	130.19
		8/27/97	68.78
H. Full Name, Mailing Address and ZIP Code Internet Quest, Inc. 250 Sarasota Quay Sarasota, FL 34236	computer services	7/30/97	59.85
		10/29/97	59.85
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
I. Full Name, Mailing Address and ZIP Code US Postmaster Box 9998 Bradenton, FL 34206-9998	postage	7/31/97	70.40
		9/20/97	128.00
		10/3/97	224.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)

4613.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures (continued)

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

PAGE 2 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LTM The Partyware Outlet 80 Shopping Avenue Sarasota, FL 34237	invitation for fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/97	920.37
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staff Leasing II Drawer 731 Bradenton, FL 34206-0731	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/97 9/20/97 10/21/97 10/15/97	359.75 323.79 493.38 449.70
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kristen Caffield 29 West Glendale Avenue Alexandria, VA 22301	catering for fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/97 9/25/97	500.00 225.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE Florida Box 31122 Tampa, FL 33631-3122	campaign telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97 9/25/97 10/29/97 10/29/97	166.00 68.55 217.51 137.10
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Keaton's Office Supply 817 Manatee Avenue West Bradenton, FL 34205	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/97	68.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
File Safe 417 12th Street West Bradenton, FL 34205	office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97 10/29/97 12/01/97	722.25 722.25 722.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US Postmaster Box 9998 Bradenton, FL 34206-9998	bulk mail permits Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/97 10/29/97 12/18/97	116.78 85.00 40.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Com. 320 1st Street SE Washington DC, 20003	congressional pledge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	5000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jaymie Carter 9407 25th Street East Parrish, FL 34219	camera, flags, supplies reimbursements Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/97 10/29/97 10/29/97	96.90 106.89 80.17

SUBTOTAL of Disbursements This Page (optional) 11,623.18

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4

FOR LINE NUMBER

17

Operating Expenditures (continued)

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NAME OF COMMITTEE (in Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staff Leasing II Drawer 731 Bradenton, FL 34206-0731	Payroll	10/29/97	575.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/13/97	359.75
	<input type="checkbox"/> Other (specify)	11/26/97	264.68
		12/24/97	1048.45
B. Full Name, Mailing Address and ZIP Code IKON Office Solutions Box 620000 Orlando, FL 32891-8344	Purpose of Disbursement copier maintenance	Date (month, day, year) 10/29/97	Amount of Each Disbursement This Period 111.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/01/97	337.91
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Executive Offices 1001 Third Avenue West, Suite 350 Bradenton, FL 34206	Purpose of Disbursement secretarial services	Date (month, day, year) 10/29/97	Amount of Each Disbursement This Period 48.29
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/01/97	24.50
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Linotronic Service Bureau 930 5th Street West Palmetto, FL 34221	Purpose of Disbursement newsletter production	Date (month, day, year) 10/29/97	Amount of Each Disbursement This Period 334.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Manatee Printers, Inc. 1007 30th Avenue West Bradenton, FL 34205	Purpose of Disbursement collateral printing	Date (month, day, year) 10/29/97	Amount of Each Disbursement This Period 551.05
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code GTE Mobilnet Box 632005 Dallas, TX 75263-0025	Purpose of Disbursement mobile telephone	Date (month, day, year) 12/01/97	Amount of Each Disbursement This Period 37.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Hanover Insurance Company PO BOX 8016 Boston, MA 02266-8016	Purpose of Disbursement office commercial insur	Date (month, day, year) 12/01/97	Amount of Each Disbursement This Period 805.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code GTE Florida Box 31122 Tampa, FL 33631-3122	Purpose of Disbursement campaign telephone	Date (month, day, year) 12/01/97	Amount of Each Disbursement This Period 68.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/01/97	169.82
	<input type="checkbox"/> Other (specify)	12/15/97	151.18
I. Full Name, Mailing Address and ZIP Code Direct Mail Systems 12450 Automobile Blvd Clearwater, FL 34622	Purpose of Disbursement direct mail postage	Date (month, day, year) 12/18/97	Amount of Each Disbursement This Period 68.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/10/97	1600.00
	<input type="checkbox"/> Other (specify)	12/10/97	1300.00

SUBTOTAL of Disbursements This Page (optional)

7857.97

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 17

Operating Expenditures (continued)

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NAME OF COMMITTEE (in Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carlyle Gregory, Jr. 9001 Braddock Road, Suite 270 Springfield, VA 22151	political consulting	12/18/97	1500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Gary Sweetman Photography 2904 Manatee Avenue West Bradenton, FL 34205	photography services	12/18/97	1787.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Barnett Bank of Manatee Box 9390 Bradenton, FL 34206-9390	account charges	7/1/97	11.95
		7/31/97	8.65
		8/1/97	11.95
		8/31/97	4.15
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and ZIP Code Tiger Bay club Box 1772 Sarasota, FL 34230	membership expenses	10/21/97	15.00
		12/29/97	84.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and ZIP Code Republican Executive Committee 3825 26th Street West, suite 400 Bradenton, FL 34205	civic function	10/29/97	100.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F. Full Name, Mailing Address and ZIP Code Laser Rite 1165-A Gillspire Avenue Sarasota, FL 34236	computer maintenance	10/29/97	64.00
		10/29/97	116.63
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and ZIP Code Johnson Printing 803 Manatee Avenue West Bradenton, FL 34205	postcards	10/29/97	32.12
		12/1/97	2.25
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
H. Full Name, Mailing Address and ZIP Code Barnett Bank Box 9390 Bradenton, FL 34206-9390	account charges	9/30/97	7.81
		9/30/97	7.81
		10/2/97	16.95
		10/30/97	5.53
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
I. Full Name, Mailing Address and ZIP Code Barnett Bank Box 9390 Bradenton, FL 34206-9390	account charges	11/20/97	16.95
		11/28/97	4.20
		12/1/97	16.95
		12/31/97	3.58
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional) 3826.84

TOTAL This Period (last page this line number only) 27,921.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20 (a)

Refunds of Contributions to Individuals

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NAME OF COMMITTEE (in Full)

Friends of Dan Miller C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Al Purmart Insurance, Inc. 3328 Bee Ridge Road Sarasota, FL 34239	refund of 5/28/97 contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/97	13.00
John R. Cassidy, MD, PA 530 Nokomis Avenue South venice, FL 34285-2819	refund of 7/18/97 contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/97	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 113.00

TOTAL This Period (last page this line number only) 113.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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 C00264838

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fossela for Congress Box 060248 Staten Island, NY 10306	federal contribution (NY/13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

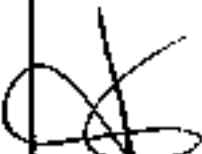
500.00

TOTAL This Period (last page this line number only)

500.00

**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 11/30/98
<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	
 PREPARER	12/3/98 DATE PREPARED