REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE
00 JUL 18 AM 9:13

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

Bill Nelson for U.S. Senate Campaign Committee

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 10982

2. FEC IDENTIFICATION NUMBER

C00344051

CITY, STATE and ZIP CODE

Tallahassee, FL 32302

STATE/DISTRICT

FL

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ Termination Report

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 04/01/2000 through 06/30/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	892,398.80	1,831,022.21
	(b) Total Contribution Refunds (From Line 20(d))	2,923.14	4,023.14
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	889,475.66	1,826,999.07
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	203,045.84	403,371.20
	(b) Total Offsets to Operating Expenditures (from Line 14)	1,294.77	1,994.27
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	201,751.07	401,376.93
8.	Cash on Hand at Close of Reporting Period (from Line 27)	3,308,727.84	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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
Peggy Gagnon

Signature of Treasurer
Peggy Gagnon

Date 7/14/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3
(Revised 4/97)

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

Name of Committee (in full)	Report Covering the Period:	
Bill Nelson for U.S. Senate Campaign Committee	From: 04/01/2000	To: 06/30/2000

I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	690,669.56	
(ii) Unitemized	74,719.44	
(iii) Total of contributions from Individual	765,409.00	1,545,824.57
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	128,989.80	285,197.64
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	892,398.80	1,831,022.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	20,000.00	26,000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,294.77	1,994.27
15. OTHER RECEIPTS (Dividends, Interest, etc.)	32,479.44	51,096.74
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	946,173.01	1,912,113.22
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	203,045.84	403,371.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2,923.14	4,023.14
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)	2,923.14	4,023.14
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	205,968.98	407,394.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2,568,523.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	946,173.01
25. SUBTOTAL (add Line 23 and Line 24)	3,514,696.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 18)	205,968.98
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	3,308,727.84

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBERS 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Maria Abaun 1291 Nightingale Avenue Miami,FL 33166-	**Name of Employer** Colodny, Fass et. al	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Richard L. Abedon, Sr. 3215 Santa Barbara Dr. Wellington,FL 33414-7267	**Name of Employer** Holland & Knight	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 900.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	900.00	
C. Full Name, Mailing Address and Zip Code Mr. W. Andy Abernathy 14317 Stamford Circle Orlando,FL 32826-	**Name of Employer** Self Employed	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Investor		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Robert Abernathy P.O. Box 90833 Los Angeles,CA 90009-	**Name of Employer** American Standard	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** President	Earmarked	
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Leonard Abess 25 West Flagler St. Miami,FL 33130-	**Name of Employer** City National Bank	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Chairman of the Board		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Mr. Leonard Abess 25 West Flagler St. Miami,FL 33130-	**Name of Employer** City National Bank	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Chairman of the Board		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Ronald Abraham 5430 North 36th Court Hollywood,FL 33021-	**Name of Employer** Assoc. Investor Services, Inc.	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Principal		
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,900.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Gaston Acosta-Rua 2329 Oak St. Jacksonville,FL 32204-4603 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Doctor- Neurosurgery	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Dr. Gaston Acosta-Rua 2329 Oak St. Jacksonville,FL 32204-4603 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Doctor- Neurosurgery	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	2,000.00	
C. Full Name, Mailing Address and Zip Code Ms. Judith Adler 1400 NW 107th Avenue Miami,FL 33172- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	**MEMO**
D. Full Name, Mailing Address and Zip Code Mr. Matthew S. Adler 1400 NW 107th Ave., NO. 500 Miami,FL 33172- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Student **Occupation** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Michael Adler 1400 NW 107Th Avenue Fourth Floor Miami,F 33172- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** The Adler Group **Occupation** President	**Date (month, day, year)** 06/30/2000 REATTRIBUTION	**Amount of Each Receipt this Period** -1,000.00
	Aggregate Year-to-Date ->	-1,000.00	**MEMO**
F. Full Name, Mailing Address and Zip Code Dr. Philip Adler 13618 Greenfield Dr., Apt 405 Tampa,FL 33624-4403 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Health Point Medical Group **Occupation** Physician	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Jeffrey L. Adler 2240 N. Dayton Chicago,IL 60614- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** JDI Realty **Occupation** Owner	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. William Alexander 13601 SW 103rd Ave. Miami,FL 33176- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Hamilton Bank **Occupation** Vice Chairman **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mrs. Elizabeth Alpert 907 Anchorage Road Tampa,FL 33602-5754 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Ramona E. Alvas 2311 Spanish Trail Road Tiburon,CA 94920 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** CHAT Communication Services **Occupation** President/CEO **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000 EarmarkedMove On	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
E. Full Name, Mailing Address and Zip Code Mr. Scott Amiler 6430 SW 126th St. Rd. Miami,FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Ms. Berta Amir 8730 Wilshire Blvd, Suite 300 Beverly Hills,CA 90211- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Amir Development Co. **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Brett Amron Nations Bank Tower 100 Southeast Second Street Suite 3300 Miami,FL 33131 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Genovese, Battista **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Carole W. Anderson 4507 Brookwood Dr. Tampa,FL 33629- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Erika Anderson 401 E. Jackson St., Ste. 2400 Tampa,FL 33602- Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Interior Designer **Aggregate Year-to-Date ->** 1,500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Erika Anderson 401 E. Jackson St., Ste. 2400 Tampa,FL 33602- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Interior Designer **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. George Anderson 3010 S Peninsula Dr. Daytona Beach,FL 32118- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Best Western Hotel **Occupation** Hotelier **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Steven Anderson 401 East Jackson Street Suite #2400 Tampa,FL 33602 Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Becker & Poliakoff **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Albert D. Angel 4 Rocky Way West Orange,NJ 07052- Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Consultant/Investments **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 EarmarkedNational Jewish Democratic PAC	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through National Jewish Democratic PAC Mr. Jason Silverberg Washington,DC 20002 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**

SUBTOTAL of Receipts This Page (optional)	5,500.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Albert D. Angel 4 Rocky Way West Orange,NJ 07052-	Self Employed Consultant/Investments	06/30/2000	1,300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date ->	2,000.00
EarmarkedNational Jewish Democratic PAC			
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Above Contribution Earmarked Through National Jewish Democratic PAC Mr. Jason Silverberg Washington,DC 20009			
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date ->	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Fredrica Applebaum 11941 SW 57th Court Coral Gables,FL 33156-	All Dads Driveway Maintenance President	06/23/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date ->	1,000.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Antonio Argis 217 Vistalmar Street Coral Gables,FL 33143-	Morrison, Brown & Company CPA	06/30/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)		Aggregate Year-to-Date ->	500.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Rosemary Armstrong 3415 W. Mullen Avenue Tampa,FL 33609	Zuckerman, Spaeder Taylor etal Attorney	06/01/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)		Aggregate Year-to-Date ->	1,200.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Gary Arnold 5636 Oakmont Ave. Hollywood,FL 33312-	Self Employed Inveetor	05/16/2000	600.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date ->	600.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Joseph Arriola 13449 NW 42nd Avenue Opa Locka,FL 33054-	Avanticase-Hoyt Chairman/CEO	05/18/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date ->	500.00

SUBTOTAL of Receipts This Page (optional)	3,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Russell Arville 1897 Sailfish Rd,. S. Saint Petersburg,FL 33707-	**Name of Employer** Morgan, Colling & Gilbert	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Doug Arvanitis 815 Kirkland Circle Tarpon Springs,FL 34689-	**Name of Employer** Self Employed	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Chiropractor		
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code Ms. Gail Asarch 7140 lions Head Lane Boca Raton,FL 33496-	**Name of Employer** Meyers Hotel	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Executive		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Jack Ascherl Po Box 368 New Smyrna Beach,FL 32170	**Name of Employer** Self Employed	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Insurance		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Mr. Edward T. Ashley 2143 Pink Flamingo Lane Tallahassee,FL 32308-	**Name of Employer** Florida Wine	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Executive Director		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Mr. Ken Assenderp, Esquire PO Box 1633 225 S. Adams Tallahassee,FL 32302	**Name of Employer** Self Employed	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code Ms. Kathleen B. Atkins P.O. Box 15948 Tallahassee,FL 32317-	**Name of Employer** Atkins Management	**Date (month, day, year)** 06/12/2000	**Amount of Each Receipt this Period** 454.75
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** President	Hospitality	
	Aggregate Year-to-Date ->	1,454.75	IN-KIND

SUBTOTAL of Receipts This Page (optional)	2,954.75
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

FOR LINE NUMBER 11(a)(i)

NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Russell D. Atlas 4500 Lake Road Miami, FL 33137-	Arvida Realty Services Occupation: Realtor	06/23/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Lisa Auerbach 10020 Vestal Place Coral Springs, FL 33071	No Employer Occupation: Homemaker	05/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Dr. M. Richard Auerbach 10020 Vestal Place Coral Springs, FL 33071	Sheridan Health Corp Occupation: Physician	05/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mrs. Sallie Ausley 3212 Thomasville Rd. Tallahassee, FL 32312-	No Employer Occupation: Homemaker	06/13/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Carmen Avello 999 Ponce De Leon Blvd. #940 Coral Gables, FL 33134	No Employer Occupation: Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Julio Avello 999 Ponce De Leon Blvd. #940 Coral Gables, FL 33134	Care of America Occupation: Health Care-CEO	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Mansour Babazadeh 2359 Beville Road Daytona Beach, FL 32119-	Self Employed Occupation: Investor	06/28/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Nassar Habazeden 2359 Beville Rd. Daytona Beach,FL 32119-	Self Employed Investor	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Theodore Babbitt P.O. Box 024426 West Palm Beach,FL 33402-	Babbitt Johnson Attorney	06/25/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->		2,000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Charles Bailes III 8969 S. Orange Ave. Orlando,FL 32824-	ABC Fine Wine & Spirts CEO	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lillian Baker 39 Valencia St. Saint Augustine,FL 32084-	No Employer Homemaker	06/13/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		250.00

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Joanne Bander 500 Alhambra Cir. Coral Gables,FL 33134-	Self Employed Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Alice Barbar 325 Key Palm Rd. Boca Raton,FL 33432-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George Barbar 325 Key Palm Rd. Boca Raton,FL 33432-	Barbar Investment Group CEO	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

SUBTOTAL of Receipts This Page (optional)	4,750.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Paula Barrie 5080 North Ocean Dr. Seawinds I 23 North Singer Island,FL 33404-	No Employer Occupation Homemaker	06/14/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph C. Barton 3131 Turtle Creek Blvd., #600 Dallas,TX 75219-	White Rock Capital Occupation Owner	06/02/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Hosea Baskin 46 Franklin St. Northampton,MA 01060-	Self Employed Occupation Rare Book Dealer	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Batey 1323 Augusta Lane South Saint Petersburg,FL 33707-	Stetson University Occupation Professor	06/26/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Paul Battista 264 South Parkway Golden Beach,FL 33160-	Genovese, Battista Occupation Attorney	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George Bauer 44 Maple Drive New Hyde Park,NY 11040-	Milberg, Weiss, Bershad et al Occupation Attorney	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	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
Mr. George Bauer 44 Maple Drive New Hyde Park,NY 11040	Milberg, Weiss, Bershad et al Occupation Attorney	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	6,500.00
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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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Charles H. Baumberger 5755 Suncrest Dr. Miami, FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Rossman & Baumberger **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Lang Baumgarten 2891 Coacoochee St. Coconut Grove, FL 33133- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** AZTEC **Occupation** Morgage Banker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Dan Beach 5127 Cypress Creek Dr. Orlando, FL 32811 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Website Consulting **Aggregate Year-to-Date ->** 150.00	**Date (month, day, year)** 06/21/2000	**Amount of Each Receipt this Period** 100.00
D. Full Name, Mailing Address and Zip Code Mr. Dan Beach 5127 Cypress Creek Dr. Orlando, FL 32811 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Website Consulting **Aggregate Year-to-Date ->** 200.00	**Date (month, day, year)** 06/21/2000 Earmarked MoveOn	**Amount of Each Receipt this Period** 50.00
E. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley, CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
F. Full Name, Mailing Address and Zip Code Mr. Dan Beach 5127 Cypress Creek Dr. Orlando, FL 32811 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Website Consulting **Aggregate Year-to-Date ->** 350.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 150.00
G. Full Name, Mailing Address and Zip Code Ms. Melinda Beall 110 Westwood Place, Suite 100 Brentwood, TN 37027- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Paco Assurance Company, Inc. **Occupation** Director of Marketing **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	2,330.00
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

FOR LINE NUMBER 11(a)(*)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. James Kyle Board 3245 SW 73rd Ave., Road Miami, FL 33155- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Employed Occupation Developer	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Ms. Mercedes N. Board 3245 SW 73rd Ave. Road Miami, FL 33155- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer No Employer Occupation Homemaker	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Steven Becker 4401 Sanders St. Hollywood, FL 33021- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Southern Wine & Spirits Occupation Sr. Vice President	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Ms. Patricia W. Beckman 208 Riverside Dr. Melbourne Beach, FL 32951- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer No Employer Occupation Homemaker	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 300.00
	Aggregate Year-to-Date ->	300.00	
E. Full Name, Mailing Address and Zip Code Mr. Joseph Beeler 4455 Island Rd. Miami, FL 33137- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Self Employed Occupation Attorney	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Joseph Beeler 4455 Island Rd. Miami, FL 33137- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Employed Occupation Attorney	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Richard D. Beeson P.O. Box 510 Newport, CA 92365 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Richard D. Beeson, Lawyer PA Occupation Attorney	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 250.00
	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	5,550.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jonathan Heloff Heloff & Schwartz 1111 Lincoln Rd., Suite 400 Miami Beach,FL 33139-	Heloff & Schwartz Occupation: Attorney	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Edmund Bergassi 24 Sharot Street New Rochelle,NY 10801-2109	Bergassi Group, LLC Occupation: Lawyer	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Lonnie T. Bergeron 1715 St. Tropez Court Kissimmee,FL 34744-	Bergeron Land Development Occupation: Developer	05/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Kjell Bergh 1155 Harbor Dr. Delray Beach,FL 33483-	Burton Volvo Occupation: Car Dealer	05/08/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Kjell Bergh 1155 Harbor Dr. Delray Beach,FL 33483-	Burton Volvo Occupation: Car Dealer	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger L. Berkley C/o Weave Corporation 433 Hackensack Av Hackensack,NJ 07601	Weave Corporation Occupation: Executive	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	EarmarkedMove On
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Above Contribution Earmarked Through MoveOn.Org P.O. Box 9069 Berkeley,CA 94709	Occupation:		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	3,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Henry Berman 1150 Sacramento St., #204 San Francisco,CA 94108-	Joseph Seagram & Sons Occupation: Consultant	06/02/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Peter Sermont 1 S.E. 3rd Ave., Suite 2950 Miami,FL 33131-	Salomon Smith Barney Occupation: Broker	06/27/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Ms. Shelly Sermont 220 Costa-ora Rd. Coral Gables,FL 33143-	No Employer Occupation: Homemaker	06/27/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Robert M. Hornal 633-51 Fulton Road Tallahassee,FL 32312-	FAMCO Occupation: Executive Director	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. David Bershad 2 Stonebridge Rd. Montclair,NJ 07042-	Milberg, Weiss, Bershad et al Occupation: Attorney	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Bershad 2 Stonebridge Rd. Montclair,NJ 07042-	Milberg, Weiss, Bershad et al Occupation: Attorney	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Brenda Bertnolli 3111 NE 45th St. Fort Lauderdale,FL 33308-	Self Employed Occupation: Real estate	06/28/2000	400.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	400.00	

SUBTOTAL of Receipts This Page (optional)	4,150.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steve Bevis 3811 Roberts Lane Arlington,VA 22207-	GSB Communications Occupation President	05/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Wayne B. Black 400 SE 12th St., Building C. Fort Lauderdale,FL 33316-	Wayne Black & Associates Occupation Private Investigator	06/23/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Ms. Catherine Blackburn 3001 Tarabrook Dr. Tampa,FL 33618-	Morgan, Colling & Gilbert Occupation Attorney	06/28/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Jerrold Blair 300 South Pointe Drive, Apt. 3203 Miami Beach,FL 33139	World Fuel Services Occupation President	06/14/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Timothy Blake 7270 S.W. 124th St. Pinecrest,FL 33156-	Timothy Carl Blake P.A. Occupation Attorney	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jeff Blass 5 Leisure Wood Way Ormond Beach,FL 32174-6759	SunTrust Occupation Banker	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Blatt 111 N. Pompano Beach Blvd. Apt. 1912 Pompano Beach,FL 33062-	Law Offices William S. Blatt, Occupation Attorney	06/28/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Michael Block 330 E. 75th St. New York,NY 10021-3082 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Sullivan, Papain, Block, McFra **Occupation** Lawyer **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Mr. Robert Bodansky 101 Federal Street Boston,MA 02110- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Nixon Peabody **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Mr. T. Lee Bodie 1437 Datcher Loop Dr. Brandon,FL 33511- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Lawyer **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Mr. Jay Bond 1428 N. Calitax Ave. Daytona Beach,FL 32118 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Cobb, Cole, & Bell **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Mr. John Anthony Bonina 16 Court Street Brooklyn,NY 11241- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Bonina & Bonina **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Jerry C. Bonnett 10024 N. 40th St. Phoenix,AZ 85028- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Bonnett, Fairbourne et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Deborah Boone 9252 Southern Breeze Dr. Orlando,FL 32836- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 350.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 350.00

SUBTOTAL of Receipts This Page (optional)	3,350.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Richard Booth 171 Cockside Cir. Weston,FL 33327-1101 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Southern Wine & Spirits **Occupation** General Manager **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Scott Borders 2513 Clark Rd. Tampa,FL 33618- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. James Bowling 1680 N.E. 135th Street N. Miami,FL 33181 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Vernis & Bowling of Miami, P.A **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Alan S. Boyd 456 Loma Paseo Dr. The Villages,FL 32159- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Flavil Boyd 456 Loma Paseo Dr. The Villages,FL 32159- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Van Boyette 915-15th St., NW, #800 Washington,DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Smith Martin Boyette **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. David Bradley 2100 M Street, NW, Suite 604 Washington,DC 20037-1207 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** National Community Action **Occupation** Public Relations **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 EarmarkedMedicalight Victroy Fund	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 **Receipt For:** ☐ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
B. Full Name, Mailing Address and Zip Code Mr. James Braswell 2901 Oak Beach Blvd. Sebring,FL 33872- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Construction **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Ms. Rebecca Braverman 3809 N. 41st Ave. Hollywood,FL 33021-1842 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Rebecca Braverman 3809 N. 41st Ave. Hollywood,FL 33021-1842 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,100.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 100.00
E. Full Name, Mailing Address and Zip Code Mr. Charles Bray 600 N. Atlantic Daytona Beach,FL 32118- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Marion Brechner P.O. Box 531103 Orlando,FL 32853- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Brechner Management Company **Occupation** President **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/07/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Thomas Brenner 38 Oakmont Circle Ormond Beach,FL 32174- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** KT & Associates **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	2,850.00
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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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Alfredo R. Brizuela 9708 SW 108th Terrace Miami,FL 33176-2852 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Alfredo R. Brizuela **Occupation** Engineer **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 300.00
B. Full Name, Mailing Address and Zip Code Ms. Susan Brodhan 1521 N. Indian River Dr. Cocoa,FL 32922-6945 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Rebeccas of Merritt Island **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Eileen Brooks 5740 SW 130th Terrace Miami,FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. R. Stevens Brooks 5740 SW 130th Terrace Miami,FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Hon. William J. Brooks Paramount Building, Suite 20 3 139 North County Road Palm Beach,FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Brooks Television Consultants **Occupation** Consultant **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Alvin Brown 1127 Buchanan St., NW Washington,DC 20011- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Office of the Vice President **Occupation** Community Empowerment Board **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Dr. Barry W. Brow 2669 Emerald Dr. Jonesboro,GA 30236- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Chiromed Chiropractic Center **Occupation** Doctor **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,050.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Dr. Harry W. Brown 2669 Emerald Dr. Jonesboro,GA 30236- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	Chiromed Chiropractic Center / Doctor	06/30/2000	500.00
		Aggregate Year-to-Date ->	1,500.00
B. Full Name, Mailing Address and Zip Code Mr. Michael Brown P.O. Box 29 Elko,NV 89803- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	Barrick Gold PAC / Public Relations	06/30/2000	1,000.00
		Earmarked Searchlight Victory Fund	
		Aggregate Year-to-Date ->	1,000.00
C. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 **Receipt For:** ☐ Primary ☐ General ☐ Other (specify)			
		Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code Mr. Michael Brown P.O. Box 29 Elko,NV 89803- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	Barrick Gold PAC / Public Relations	06/30/2000	1,000.00
		Earmarked Searchlight Victory Fund	
		Aggregate Year-to-Date ->	2,000.00
E. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 **Receipt For:** ☐ Primary ☐ General ☐ Other (specify)			
		Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code Mr. Richard Brown 656 Riverside Drive Ormond Beach,FL 32176- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	Self Employed / Insurance	06/30/2000	500.00
		Aggregate Year-to-Date ->	500.00
G. Full Name, Mailing Address and Zip Code Mr. John C. Brunetti 84 Bal Bay Dr. Bay Harbour,FL 33154- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	Hialeah, Inc. / Chairman	04/14/2000	500.00
		Aggregate Year-to-Date ->	500.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Jacob Buchman 811 A S Oregon Ave. Tampa,FL 33606- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Donald Buckler 308 North Inverness Avenue Tampa,FL 33617- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. William Bull 3454 Arifield Drive W. Ste. 2 Bartow,FL 33831- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/25/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 MEMO
D. Full Name, Mailing Address and Zip Code Mr. William Bull 3454 Arifield Drive W. Ste. 2 Bartow,FL 33831- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 05/25/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 MEMO
E. Full Name, Mailing Address and Zip Code Ms. Elizabeth Buntrock 521 E. Las Olas Blvd. Fort Lauderdale,FL 33301-2232 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Flowers & Found Objects **Occupation** Florist **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Robert Burlington 1241 Lugo Ave. Coral Gables,FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Aragon Burlington et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Joshua Burnett 3205 Polo Place Plant City,FL 33567 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Gardner, Wilkes, et. al. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 MEMO

SUBTOTAL of Receipts This Page (optional)	3,000.00
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 Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Guy Burnette, Jr. 1725 Evening Breeze Lane Tallahassee, FL 32312 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Butler Burnette & Pappas **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/12/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Charles Burr 823 S. Orleans Ave. Tampa, FL 33606 2938 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Burr & Smith, LLP **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/05/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Charles Burr 823 S. Orleans Ave. Tampa, FL 33606-2938 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Burr & Smith, LLP **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 05/05/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Dr. Frederic Bushkin, M.D. 3360 Dent Tree Place Ft. Lauderdale, FL 33312-5363 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Memorial Regional Hospital **Occupation** Physician **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 300.00
E. Full Name, Mailing Address and Zip Code Ms. Mercedes Busto 1450 Brickell Bay Dr. 2007 Miami, FL 33131-3662 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mercedes Busto P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Ann Buttenwieser 1080 Fifth Ave. New York, NY 10128- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Ann L. Buttenwieser Consulting **Occupation** Urban Planner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Ann Buttenwieser 1080 Fifth Ave. New York, NY 10128- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Ann L. Buttenwieser Consulting **Occupation** Urban Planner **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,800.00
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 Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Catherine F. Buttenwieser 200 Marsh St. Belmont,MA 02478-	Self Employed Occupation Social Worker	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Catherine F. Buttenwieser 200 Marsh St. Belmont,MA 02478-	Self Employed Occupation Social Worker	06/16/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lawrence B. Buttenwieser 1080 Fifth Avenue New York,NY 10128-0102	Rosenman & Colin, LLP Occupation Attorney	06/16/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lawrence B. Buttenwieser 1080 Fifth Avenue New York,NY 10128-0102	Rosenman & Colin, LLP Occupation Attorney	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Paul A. Buttenwieser 200 Marsh St. Belmont,MA 02478-	Self Employed Occupation Physician	06/16/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Paul A. Buttenwieser 200 Marsh St. Belmont,MA 02478-	Self Employed Occupation Physician	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Peter Buttenwieser 8525 St. Martins Lane Philadelphia,PA 19118	Peter Buttenwieser & Associate Occupation Education Consultant	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Sarah W. Bulkenwinsor 46 Franklin St. Northampton,MA 01060- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Writer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Randall Sutton 1118 Brookwood Point Kingston,TN 37763- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** East Tenn Appraisal Group **Occupation** property appraiser **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Anita Selnor Byer 606 Riviera Isle Dr. Fort Lauderdale,FL 33301- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Setnor Byer Bogdanoff **Occupation** Financial Consultant **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Xenia Cabrera 10122 NW 41st Street Miami,FL 33178- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Ronald Cacciatore 100 North Tampa St., Suite 2835 Tampa,FL 33602- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Ronald K. Cacciatore, P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Juan Elias Calles 125 Paloma Dr. Coral Gables,FL 33143 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Consultant **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Joseph Cameron 1835 S. Ridge Avenue Daytona Beach,FL 32119 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** State Farm Insurance **Occupation** Insurance Agent **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Henry Camferdam, Jr. 11011 Ditch Rd. Carmel,IN 46032-	**Name of Employer** Retired	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Retired	Earmarked	
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Mr. Henry Camferdam, Jr. 11011 Ditch Rd. Carmel,IN 46032-	**Name of Employer** Retired	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Retired	Earmarked	
	Aggregate Year-to-Date ->	2,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Jason Campbell 717 E. Gulfshore Blvd. Indian Rocks Beach,FL 33785-	**Name of Employer** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Student		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. Jason Campbell 717 E. Gulfshore Blvd. Indian Rocks Beach,FL 33785-	**Name of Employer** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Student		
	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Joel Campbell 1625 Woodbridge Rd. Clearwater,FL 33756-	**Name of Employer** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Student		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Joel Campbell 1625 Woodbridge Rd. Clearwater,FL 33756-	**Name of Employer** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Student		
	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Justin Campbell 717 E. Gulfshore Blvd. Indian Rocks Beach,FL 33785-	**Name of Employer** Student	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Student		
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	7,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Justin Campbell 717 E. Gulfshore Blvd. Indian Rocks Beach,FL 33785- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Student / Student Aggregate Year-to-Date -> 2,000.00	06/30/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Tere Canida 7125 Lago Dr., W. Coral Gables,FL 33143-6511 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Taplin, Canida Habacht Occupation: investment advisor Aggregate Year-to-Date -> 300.00	05/08/2000	500.00
C. Full Name, Mailing Address and Zip Code Mr. William J. Canida 7129 Lago Dr., W. Coral Gables,FL 33143-6511 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Taplin, Canida Habacht Occupation: investment advisor Aggregate Year-to-Date -> 500.00	05/08/2000	500.00
D. Full Name, Mailing Address and Zip Code Mr. Daniel D. Cantor 8411 Lagos De Campo Blvd. Tamarac,FL 33321-9746 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date -> 1,000.00	04/10/2000	1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Sevah Caplan 2801 N. 54th Ave., No. E Hollywood,FL 33021- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Process Server Aggregate Year-to-Date -> 250.00	06/29/2000	250.00
F. Full Name, Mailing Address and Zip Code Mr. Donald Carlin 10 Edgewater Dr. Coral Gables,FL 33133- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Kahn-Carline & Co. Occupation: President Aggregate Year-to-Date -> 500.00	05/10/2000	500.00
G. Full Name, Mailing Address and Zip Code Ms. Debra Carter 2735 NW 19th Way Boca Raton,FL 33431- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: No Employer Occupation: Homemaker Aggregate Year-to-Date -> 250.00	06/23/2000	250.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Francis L. Carter 2000 S. Bayshore Dr., #22 Miami, FL 33133-	Ferrell Schultz Carter et al	06/23/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date ->	1,000.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Vera Carter P.O. Box 176 Windermere, FL 34786	No Employer	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker	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
Dr. Barbara Ann Casasa 1815 W. Hills Ave. Tampa, FL 33606-3224	Barbara Ann Casasa, PhD.	04/27/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: psychologist	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
Mr. Gerald S. J. Cassidy 700-13th St., NW, Suite 400 Washington, DC 20005-3960	Cassidy & Associates	05/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Chairman	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
Mr. David A. Castagnetti 1101 16th St., NW, Suite 2CC Washington, DC 20036-	Bergner Bockorny, Inc.	05/01/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Vice President	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
Ms. Concepcion Catasus 186 St. Croix Ave. Cocoa Beach, FL 32931-3335	No Employer	05/16/2000	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker	Aggregate Year-to-Date ->	300.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Caton 2811 Sauls St. Daytona Beach, FL 32119-	Self Employed	06/28/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Investor	Aggregate Year-to-Date ->	500.00

SUBTOTAL of Receipts This Page (optional)	3,600.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Harvey Cauthen P.O. Box 250266 Montgomery,AL 36125- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Cauthen & Associates **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Tillman Cavert, Jr. 3126 Wellesley Square Edenwold Jacksonville,FL 32207 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Ms. Martha Cesery 2647 Cesery Blvd. Jacksonville,FL 32211- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Cesery Architects **Occupation** Architect **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 04/14/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Ms. Martha Cesery 2647 Cesery Blvd. Jacksonville,FL 32211- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Cesery Architects **Occupation** Architect **Aggregate Year-to-Date ->** 1,500.00	**Date (month, day, year)** 04/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Jerry Chafetz 300 S. Pointe Dr., Apt 404 Miami,FL 33139- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** On Board Media **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Dr. Barry Chandler, M.D. 11750 S.W. 22 Ct. Davie,FL 33325 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Sheridan Health Corp **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Harvey Chaplin 1600 NW 163rd. St. Miami,FL 33169- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Southern Wine & Spirits **Occupation** CEO **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Wayne Chaplin 54 La Corce Cir. Miami Beach,FL 33141-4520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Southern Wine & Spirits Executive Aggregate Year-to-Date -> 1,000.00	05/30/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Byron M. Cherry 30 N. LaSalle St., #2300 Chicago,IL 60602- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Cherry and Flynn Attorney Aggregate Year-to-Date -> 1,000.00	06/02/2000	1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Patricia M. Cherry 6622 N. La Mai Lincolnwood,IL 60646- Receipt For: [X] Primary [ ] General [ ] Other (specify)	No Employer Homemaker Aggregate Year-to-Date -> 1,000.00	06/02/2000	1,000.00
D. Full Name, Mailing Address and Zip Code Dr. Richard Chichetti 1305 Thomaswood Dr. Tallahassee,FL 32312- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Drs. Chichetti & Torgerson dentist Aggregate Year-to-Date -> 1,000.00	06/13/2000	1,000.00
E. Full Name, Mailing Address and Zip Code Dr. Richard Chichetti 1305 Thomaswood Dr. Tallahassee,FL 32312- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Drs. Chichetti & Torgerson dentist Aggregate Year-to-Date -> 1,500.00	06/13/2000	500.00
F. Full Name, Mailing Address and Zip Code Mr. David Cino 151 Crandon Boulevard 108 Key Biscayne,FL 33149-1529 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Retired Retired Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Mary-Margaret Clamp 307 Deep Hollow Dr. Boerne,TX 78006- Receipt For: [ ] Primary [X] General [ ] Other (specify)	E. W. Blanch Executive Assistant Aggregate Year-to-Date -> 500.00	06/30/2000	500.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Patsy Clark 103 Osprey Court Melbourne, FL 32940-	Kentucky Fried Chicken Occupation Restauranteer	05/18/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Charles Clarkson 961 Ponte Vedra Blvd Ponte Vedra Beach, FL 32082	The Clarkson Company Occupation Chairman	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John P. Coale 1090 Eldorado ave. Clearwater Beach, FL 33767-	Coale Cooley & Lichtman Occupation Attorney	06/05/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John P. Coale 1090 Eldorado ave. Clearwater Beach, FL 33767-	Coale Cooley & Lichtman Occupation Attorney	06/05/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gary M. Cohen 21214 Sweetwater Lane, North Boca Raton, FL 33428-	Grossman & Roth Occupation Attorney	06/30/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Stacie L. Cohen 1100 NW 10th Way Plantation, FL 33322-	Fenster and Feerber P.A. Occupation Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Victor Cohn 29225 Chagrin Blvd. #250 Beachwood, OH 44122-	Omni Realty Occupation Owner	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Guy D. Colado 121 W. Kings Way Winter Park,FL 32789-5714 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** National Bank of Commerce **Occupation** Banker **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Ms. Camille Colella 264 South Parkway Golden Beach,FL 33160-2256 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Camille Colella 264 South Parkway Golden Beach,FL 33160-2256 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. J. Thomas Colling 1319 Bolton Rd. Tallahassee,FL 32312- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Capital Casualty Insurance **Occupation** Agent **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Mr. Mike Colodny 2000 N. Commercial Blvd., #232 Ft. Lauderdale,FL 33309 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Colodny, Fass & Talenfeld **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/11/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Dr. Robert M. Colton 4270 NW 24th Ave. Boca Raton,FL 33431- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Physician **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Dr. Lynna Columbus 2133 Meadowbrook Dr. Clearwater,FL 33759- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**

SUBTOTAL of Receipts This Page (optional)	4,000.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Douglas P. Cone, Jr. 500 NW 27th Ave. Ocala,FL 34475-	Cone Distributing Inc. Occupation Distributor	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jerome Congress 646 Second Street Brooklyn,NY 11215-2602	Milberg, Weiss, Bershad et al Occupation Attorney	06/28/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)			

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jerome Congress 646 Second Street Brooklyn,NY 11215-2602	Milberg, Weiss, Bershad et al Occupation Attorney	06/28/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jeffery Connaughton 1812 N. Quinn St., #331 Arlington,VA 22209-1339	Quinn Gillespie Assoc. Occupation Principle	06/30/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Frank D. Conti 1150 Western Way Orlando,FL 32804-	Winderweedle, Haines et al Occupation Attorney	05/23/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Kenneth Copper 400 S.E. 8th Street Fort Lauderdale,FL 33316-	Kenneth D. Copper, P.A. Occupation Attorney	06/28/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Cooper, M.D. 1150 Lake Hearn Drive Suite 650 Atlanta,GA 30342	Bentley Investments, Inc. Occupation Physician	06/05/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	5,500.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Philip Harnett Corboy, Jr. 711 Glenridge Dr. Glenview,IL 60025- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Corboy & Demetrio **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Patrick Coughlin 839 Moana Dr. San Diego,CA 92106 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Patrick Coughlin 839 Moana Dr. San Diego,CA 92106- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Dr. Stuart Courtney, D.P.M. 2524 S. Hallandale Beach Blvd. Hallandale,FL 33009 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Broward County Podiatric **Occupation** Physician **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 300.00
E. Full Name, Mailing Address and Zip Code Mr. Martin Cosly 600 Central Ave. Highland Park,IL 60035- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Argent Healthcare **Occupation** Director **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Dr. Melanie Crandall 1012 N Ocean Blvd Pompano Beach,FL 33062- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Optometrist **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Ms. Phoebe Crane 1585 North US 421 Whitestown,IN 46075- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/19/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,550.00
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven Crane 1585 North US 421 Whitestown,IN 46075-	Hanover Communications Occupation: President	04/19/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Luis Crespo 1202 Calbreath Isles Dr. Tampa,FL 33629-	Crespo & Associates Occupation: Physician	06/13/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Gilbert Croft 1917 Bel Air Avenue Orlando,FL 32812-	Brown & Brown Occupation: Administrator	05/31/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. William Crona 2020 Lee Ave. Tallahassee,FL 32312	Law Redd Crona Occupation: CPA	06/13/2000 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jeffery Cross 2720 Walkers Way Fort Lauderdale,FL 33331-	Mckinley, Cybervest Inc. Occupation: Investor	04/11/2000 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. L. Cross 2127 Brickell Ave., Apt. 1803 Miami,FL 33129-2145	No Employer Occupation: Homemaker	05/10/2000 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Kathleen Crotty 2128 John Anderson Dr. Ormond Beach,FL 32176	Black,Crotty,Hubka,Burnett et Occupation: Attorney	05/31/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	4,750.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Michael Crotty 630 John Anderson Dr. Ormond Beach,FL 32176 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Black,Crotty,Sims,Hubka et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Valerie Crotty 1600 N. Oak St., #332 Arlington,VA 22209- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Philip Crowe 220 Boylston St., Unit 1014 Boston,MA 02116- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Lubin & Myer **Occupation** Partner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Nanette D'Albora 939 Indian River Drive Cocoa,FL 32922 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Christopher D'Angelo 101 Federal Street Boston,MA 02110- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Nixon Peabody **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Rene Dago 1016 SW 13th Ct. Miami,FL 33145- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Eurame Group **Occupation** Partner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Philip Damashek 233 Broadway New York,NY 10279- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Phillip Domashek 293 Broadway New York,NY 10279- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Damaschek, Kleinick, et al. **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Douglas Daniels 523 N. Halifax Avenue Daytona Beach,FL 32118- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Huebner & Daniels **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. George W. Darden 303 Peachtree St., Suite 5300 Atlanta,GA 30308- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Long Aldridge & Norman **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mrs. C.W. Daugette 320 Wildwood Rd. Gadsden,AL 35901- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Mr. Clarence Daugette 216 Dogwood Circle Gadsden,AL 35901- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Life Insurance Co. of Alabama **Occupation** Agent **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Anthony Davide 7333 Coral Way Miami,FL 33155- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Home Equity Mortgage Corp. **Occupation** Owner **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. William Davidson 150 Bounty Lane Daytona Beach,FL 32127- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** SunTrust **Occupation** Banker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 03/31/2000	**Amount of Each Receipt this Period** 250.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. John Davies 9 Merry Meeting Ln. Huntington,NY 11743- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Joe L. Davis, Sr. Post Office Box 1149 Wauchula,FL 33873- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Agriculture **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Tom T. Davis, II 896 Stone Hedge Cove Collierville,TN 38017- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Diversified Health Systems **Occupation** Chief Operating Officer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Harry Dawson 743 Eastover Circle Deland,FL 32724- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Ms. Allison Day 2721 SW 22 Avenue Miami,FL 33133- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Genovese, Battista **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Kim De La Parte 3019 Villa Rosa Park Tampa,FL 33611- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Richard Deagazio 1 Boston Pl. Boston,MA 02108- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Boston Capital Corporation **Occupation** Executive Vice President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. David Deehl 1037 Malaga Ave. Coral Gables, FL 33134 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Deehl & Carlson PA **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Jeffrey Leslie Dennis, Esquire 1370 Shagbark Lane Des Plaines, IL 60018-1656 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/10/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Jeffrey Leslie Dennis, Esquire 1370 Shagbark Lane Des Plaines, IL 60018-1656 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Development Services Associates Mr. Charles Seirons 505 Almonte Ct. Nashville, TN 37215- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Consultant **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Development Services Associates Mr. Charles Seirons 505 Almonte Ct. Nashville, TN 37215- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Consultant **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Remedios Diaz-Oliver 10000 SW 30th Street Miami, FL 33165- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** All American Container **Occupation** Owner **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/05/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Mel Dick 1600 N.W. 163rd St. Miami, FL 33169-3562 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Southern Wine & Spirits **Occupation** Sr. Vice President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Annelle Dobbs 1000 Mason St. 4801 San Francisco,CA 94108- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Daniel Dobin One Bay Colony Lane Fort Lauderdale,FL 33308-2003 Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Valley Forge Fabrics **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Daniel Dobin One Bay Colony Lane Fort Lauderdale,FL 33308-2003 Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Valley Forge Fabrics **Occupation** President **Aggregate Year-to-Date ->** 1,250.00	**Date (month, day, year)** 06/30/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 250.00 MEMO
D. Full Name, Mailing Address and Zip Code Mrs. Judy Dobin One Bay Colony Lane Fort Lauderdale,FL 33308-2003 Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Valley Forge Fabrics **Occupation** Owner **Aggregate Year-to-Date ->** 1,250.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mrs. Judy Dobin One Bay Colony Lane Fort Lauderdale,FL 33308-2003 Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Valley Forge Fabrics **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 REATTRIBUTION	**Amount of Each Receipt this Period** -250.00 MEMO
F. Full Name, Mailing Address and Zip Code Ms. James Donnell 9468 N. Florence Rd. Pittsburgh,PA 15237- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Michael Donziger 8638 Phillips Hwy., STE 3 Jacksonville,FL 32256- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Argyle Ventures, Inc. **Occupation** Real estate **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 250.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Susan Doody 28 Winnebago Rd. Fort Lauderdale,FL 33309- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker / Homemaker	06/30/2000 Aggregate Year-to-Date -> 500.00	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. W. D. Douglass 8619 Centerville Road Tallahassee,FL 32308 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Douglass Law Firm / Attorney	05/03/2000 Aggregate Year-to-Date -> 750.00	750.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas J. Downey 1225 - I St. NW, Suite 350 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Downey McGrath Group, Inc. / Chairman	05/16/2000 Aggregate Year-to-Date -> 500.00	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lucy H. Draper 1401 Peachtree St., NE, #500 Atlanta,GA 30309- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired / Retired	04/14/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Stephen Draper 1401 Peachtree St., NE, #500 Atlanta,GA 30309- Receipt For: [X] Primary [ ] General [ ] Other (specify)	The Draper Group / Engineer/Attorney	04/14/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Anita Drobny 3000 Dundee Road, Suite 105 Northbrook,IL 60062- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Adler, Drobny, Fischer / Accountant	06/02/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Sheldon Drobny 3000 Dundee Road, Suite 105 Northbrook,IL 60062- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Adler, Drobny, Fischer / Tax Consultant	06/02/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
TOTAL This Period (Last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Gilbert Brozdow 590 Golden Bch. Dr. Miami,FL 33160-2245 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Sheridan Health Corp Occupation Vice President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/16/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Mrs. Linda Brozdow 590 Golden Bch. Dr. Miami,FL 33160 2245 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/16/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Rosemond S. Drucker 714 Forest ave. Wilmette,IL 60091- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer No Employer Occupation Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Mr. Lawrence J. Dubow 9428 Baymeadows Rd., Suite 250 Jacksonville,FL 32256- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer BMS Sales Company Occupation President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Ms. Linda Dubow 9428 Baymeadows Rd. STE 250 Jacksonville,FL 32256- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Mr. Michael Dubow 7016 Gaines Ct. Jacksonville,FL 32217- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Holland & Knight Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Mr. James Duffy P.O. Box 1237, Wunneweta Rd. Cutchogue,NY 11935 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Kramer, Dillof, Tessel, & Duff Occupation Lawyer Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Sanford Dumain 320 West 76th Street New York,NY 10023-6004 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Sanford Dumain 320 West 76th Street New York,NY 10023-8004 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Carol Dunaevsky 4409 Alton road 1228 Alton Road Miami Beach,FL 33140- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. Dov Dunaevsky 4409 Alton Road Miami Beach,FL 33140- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Ral Estate Developer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Richard Livingston Duncan 1009 Kensington Circle Knoxville,TN 37919- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Gilreath & Associates **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Edgar Dunn 347 S. Ridgewood Ave. Daytona Beach,FL 32114- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Dunn Abraham Swain & Dees **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Robert Dunn Dunn & Johnson, P.A. 4770 Biscayne Building #980 Miami,FL 33137- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Dunn & Johnson, P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/10/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. H.M. Dye 16115 W. Prestwick Place Miami Lakes,FL 33014- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Post Buckley **Occupation** Engineer **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Karen Dyer 1013 Bryn Mawr St. Orlando,FL 32804- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Boles & Schiller **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Gregory Earls 2001 Pennsylvania Ave., NW, Suite 675 Washington,DC 20006- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** U.S. Viewing **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/17/2000 Earmarked	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. J.M. Eddy 45 Seton Trl. Ormond Beach,FL 32176-6524 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** The Eddy Corporation **Occupation** Restauranteer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Ray Eddy 45 Seton Trail Ormond Beach,FL 32176- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Eddy Corp **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Raymond Ehrlich 50 N. Laura Street Suite # 3300 Jacksonville,FL 32202-3635 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Holland & Knight **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Lewis S. Eidson 355 Solanio Prado Coral Gables,FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Colson Hicks Eidson, et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Mitchell Eisenberg, M.D. 3321 SW 58th St. Ft. Lauderdale, FL 33312 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** CEO Sheridan Health Corp. **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/15/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Steven Ellenberg 2202 Constitution Dr. San Jose, CA 95124- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Ruby & Schofield **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Mr. Alfred Engelberg 1050 North Lake Way Palm Beach, FL 33480- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Alfred Engelberg 1050 North Lake Way Palm Beach, FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Robert Erben 1100 SE 11th Court Fort Lauderdale, FL 33316- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired Physician **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Alfred Estrada 7852 Fisher Island Drive Miami, FL 33109- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Pan American **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/18/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
G. Full Name, Mailing Address and Zip Code Mr. Alfred Estrada 7852 Fisher Island Drive Miami, FL 33109- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Pan American **Occupation** President **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 04/18/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**

SUBTOTAL of Receipts This Page (optional)	3,750.00
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 Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Susan Evans 17 Irving Place Pelham,NY 10803-2208 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Citigroup Occupation: Banker Aggregate Year-to-Date -> 250.00	04/27/2000	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Dykes C. Everett 341 Webster Ave. Winter Park,FL 32789- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Winderweedle, Haines et al Occupation: Attorney Aggregate Year-to-Date -> 500.00	05/23/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Roy H. Everett, Jr. 2581 Broadway Ave. Mims,FL 32754-3870 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Occupation: Retired Aggregate Year-to-Date -> 400.00	05/23/2000	400.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jesse S. Faerber 2720 Paddock Rd. Fort Lauderdale,FL 33312- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Fenster and Faerber P.A. Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven W. Farber 410 - 17th St., #2222 Denver,CO 80202- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Brownstein, Hyatt Farber etal Occupation: President Aggregate Year-to-Date -> 1,000.00	06/01/2000 Earmarked	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Greg Farmer 601 Pennsylvania Avenue, NW , Suite 700 Washington,DC 20004 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Nortel Networks Occupation: Telecommunications Aggregate Year-to-Date -> 1,000.00	06/14/2000	1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert A. Farmer 1455 Ocean Dr., Apt. 1701 Miami Beach,FL 33139- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Advanced Multimedia Group Occupation: Chief Executive Officer Aggregate Year-to-Date -> 1,000.00	06/23/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,150.00
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Joel Fass 2955 Luckie Rd. Ft. Lauderdale,FL 33331 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Colodny, Fass & Talenfeld **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/11/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Susan Fass 2955 Luckie Rd. Ft. Lauderdale,FL 33331 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Dr. Ronald B. Fauer 701 Intracoastal Dr. Fort Lauderdale,FL 33304- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Physician **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. Joseph Fedor 35 Markham Drive Long Valley,NJ 07853- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** US RE Corporation **Occupation** Executive **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Jeffrey Fenster 8751 W. Broward Blvd., Suite 307 Plantation,FL 33324 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Fenster and Faerber P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Howell Ferguson PO Box 150 Tallahassee,FL 32302 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Landers & Parsons **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Howell Ferguson PO Box 150 Tallahassee,FL 32302 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Landers & Parsons **Occupation** Attorney **Aggregate Year-to-Date ->** 1,750.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 750.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Carlos I. Fernandez 5700 Michelangelo St. Coral Gables,FL 33146-	Self Employed Occupation CPA	05/10/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ralph E. Fernandez 1111 Culbreath Isles Dr. Tampa,FL 33629	Fernandez & Diaz Occupation Attorney	06/13/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Mildred Fernicola 601 NW 103rd Ave., Apt. 553 Pembroke Pines,FL 33026-	Wal-Mart Occupation Sales Executive	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lori S. Ferrell 4511 Lake Road Miami,FL 33137-	Lori Ferrell Interior Design Occupation Interior Designer	06/15/2000 Event Expense	870.06
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	870.06	IN-KIND

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lori S. Ferrell 4511 Lake Road Miami,FL 33137-	Lori Ferrell Interior Design Occupation Interior Designer	06/23/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,870.06	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alan K. Fertel 12755 SW 116 Terrace Miami,FL 33186-	Ferrell Schultz Carter et al Occupation Attorney	06/23/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Mark Lawrence Festa 3791 North 32nd Ave. Hollywood,FL 33021-7257	Beach Towing Occupation Owner	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,870.06
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Gerald Fincke 978 Breezemont Ct. Daytona Beach,FL 32127-	Name of Employer Ocean Walk Properties	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 350.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner/Council		
	Aggregate Year-to-Date ->	350.00	
B. Full Name, Mailing Address and Zip Code Mr. Alejandro Fiol 3810 Palmira St. Tampa,FL 33629	Name of Employer Morgan, Colling & Gilbert	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	750.00	
C. Full Name, Mailing Address and Zip Code Mr. Joseph M. Fiamnio 2815 Turtlemound Rd. Melbourne,FL 32934-	Name of Employer A.G. Edwards & Sons, Inc.	Date (month, day, year) 05/01/2000	Amount of Each Receipt this Period 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Broker		
	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code Mr. Keith Fleischman 1 Penn Plaza 49th Flr New York,NY 10119-	Name of Employer Milberg, Weiss, Bershad et al	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Keith Fleischman 1 Penn Plaza 49th Flr New York,NY 10119-	Name of Employer Milberg, Weiss, Bershad et al	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	2,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Ronald Fleisher 111 W. Washington St., STE. 1505 Chicago,IL 60602-	Name of Employer Karlin & Fleisher	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code Ms. Rose Ann Flynn 2960 Oak Tree Dr. Fort Lauderdale,FL 33309-	Name of Employer Homemaker	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Homemaker		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,100.00
TOTAL This Period (last page this line number only)	

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FOR LINE NUMBER 11(a)(i)

NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. J. Eric Voglesong 1750 Chippewa Trl Maitland,FL 32751-	Self Employed Occupation Fundraiser	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James R. Folsom, Jr. P.O. Box 1137 Collman,AL 35056-	Blount, Parrish & Company Occupation investment banker	04/24/2000 Earmarked	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Claude Pontheim 3054 Davenport St., NW Washington,DC 20008-	Pontheim International Occupation Principal	04/24/2000 Earmarked	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Ponvielle 3755 Bobbin Mill Rd. Tallahassee,FL 32312-1201	Ponvielle, Hinkle, & Lewis Occupation Attorney	05/17/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Emily Forester 1 Mossland St., Apt. 2 Somerville,MA 02144-	No Employer Occupation Student	06/16/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	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
Ms. Emily Forester 1 Mossland St., Apt. 2 Somerville,MA 02144-	No Employer Occupation Student	06/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Forahey 2075 Piney Point Rd. Palmetto,FL 34221-	Self Employed Occupation Investor	06/26/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mayor E.L. Foster, Jr. Box 1270 Ocala,FL 34478-	**Name of Employer** City of Ocala	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Mayor		
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code Mr. T. Michael Foster 3308 Carrington St. Tampa,FL 33611-	**Name of Employer** Law Office of Michael Foster	**Date (month, day, year)** 06/19/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code Dr. Ira Fox 380 N.W. 103th Dr. Coral Springs,FL 33071-	**Name of Employer** Anesthesia Pain Care Consultan	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Physician		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Ms. Betty Jane France 1600 S. Peninsula Dr. Daytona Beach,FL 32118-	**Name of Employer** NASCAR	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Communications Director		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Brian A. France P.O. Box 2875 Daytona Beach,FL 32120-2875	**Name of Employer** NASCAR	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Senior Vice President		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Mr. William France PO Box 2875 Daytona Beach,FL 32120	**Name of Employer** International Speedway Corp.	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Chairman		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Leslie C. Francis 6300 - 30TH St., NW Washington,DC 20015-	**Name of Employer** Winner & Associates	**Date (month, day, year)** 05/12/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Consultant		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,000.00
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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alvin M. Frank 2134 Constitution Dr. San Jose,CA 95124- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired / Attorney-Retired	06/02/2000 Aggregate Year-to-Date -> 250.00	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Debbie Frank 3139 MAry St. Coconut Grove,FL 33133- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Genovese, Battista / Attorney	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Amy Friedkin 300 Grand Ave. Oakland,CA 94610- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker / Homemaker	04/20/2000 Aggregate Year-to-Date -> 500.00	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Brad Friedman 710 Woodlane Ave. Westfield,NJ 07090- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Milberg, Weiss, Bershad et al / Attorney	06/28/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Brad Friedman 710 Woodlane Ave. Westfield,NJ 07090- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Milberg, Weiss, Bershad et al / Attorney	06/28/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Friedman 2300 BP Tower 200 Public Square Cleveland,OH 44114-2378 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Benesch,Friedlander,Copl and PA / Attorney	06/30/2000 Aggregate Year-to-Date -> 250.00	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Donald Friend 2955 Lake Street San Francisco,CA 94121- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Friend, Friend & Friend / Attorney	04/20/2000 Aggregate Year-to-Date -> 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Robert Friend 631 Howard Street, Suite 310 San Francisco,CA 94105-3903 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Howard Properties, Inc. **Occupation** Vice President **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Ms. Lynne Fuente 17986 Roxborough Lane Boca Raton,FL 33496- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Mr. Gustavo Fuentes 2121 Ponce De Leon Blvd, Coral Gables,FL 33134- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Gustavo E. Fuentes, P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. John Fuller 1111 Lincoln Rd, Fl 9 Miami Beach,FL 33139-2452 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Fuller Mallah & Associates **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Lawrence A. Fuller 920 N. Shore Dr. Miami Beach,FL 33141-2439 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Fuller Mallah & Associates **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Ms. Linda Fyfe 508 Conrad Place Tampa,FL 33612-4110 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Cheeseman & Phillips **Occupation** Property Manager **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Mark T. Gallogly 333 Central Park West New York,NY 10025-7105 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Blackstone Group **Occupation** Managing Director **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/08/2000 Earmarked	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Sam Galloway PO Box Box 70 Fort Myers, FL 33902- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Sam Galloway Ford, Inc. Automobiles	06/28/2000 Aggregate Year-to-Date -> 500.00	500.00
B. Hon. John Garamendi 14216 NW 160 Walnut Grove, CA 95690- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	The Yucaipa Comp Partner	06/16/2000 Aggregate Year-to-Date -> 500.00	500.00
C. Mr. Merrill Gardner 2650 SunTrust Financial Center 401 E. Jackson St. Tampa, FL 33602 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Gardner, Wilkes, et. al. Attorney	06/30/2000 Florida 2000 Aggregate Year-to-Date -> 1,000.00	1,000.00 MEMO
D. Ms. Barbara Garrett 301 Casuarina Concourse Coral Gables, FL 33143- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Windermere-Durable Holdings Attorney	06/28/2000 Aggregate Year-to-Date -> 250.00	250.00
E. Mr. Richard Gaspert 11 Shoreside Barrington, IL 60010- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	The Richard Michael Group President	06/02/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
F. Mr. Walter C. Gatti 2060 S. Patrick Dr. Indian Harbour Beach, FL 32937- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Tensor Engineering Engineer	05/01/2000 Aggregate Year-to-Date -> 300.00	300.00
G. Mr. Laurance Gay 134 E. Cannan Rd. East Canaan, CT 06024- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Business Strategies & Insight President	06/08/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Laurance Gay 134 E. Canaan Rd. East Canaan,CT 06024- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Business Strategies & Insight President Aggregate Year-to-Date -> 2,000.00	06/30/2000	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kelley Gelb 513 S.W. 11th Court Fort Lauderdale,FL 33315- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Krupnicks Campbell Attorney Aggregate Year-to-Date -> 500.00	06/28/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Martin Gelb 2805 Lake Ave., Sunset Island, NO.1 Miami,FL 33140- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Smith Barney Stock Broker Aggregate Year-to-Date -> 500.00	06/30/2000	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph Geller 7552 West Treasure Dr. North Bay Village,FL 33141- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Geller Geller & Garfinkel Attorney Aggregate Year-to-Date -> 500.00	06/29/2000	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Leslie Genatt 605 Park Ave. New York,NY 10021-7016 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Genatt Group Member Aggregate Year-to-Date -> 1,000.00	05/16/2000	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Genatt 3333 New Hyde Park Rd., Suite 400 New Hyde Park,NY 11042- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Genatt Group Partner Aggregate Year-to-Date -> 1,000.00	05/16/2000	1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Peter Genatt 3333 New Hyde Park Rd., #400 New Hyde Park,NY 11042-1205 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Genatt Group Partner Aggregate Year-to-Date -> 1,000.00	05/16/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Richard Genatt 3333 New Hyde Park Rd., #400 New Hyde Park,NY 11042-1205 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Genatt Group **Occupation** Partner	**Date (month, day, year)** 05/16/2000 **Aggregate Year-to-Date ->** 1,000.00	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Stephen A. Genatt 820 Park Ave., Apt. 15 New York,NY 10021 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Genatt Group **Occupation** Member	**Date (month, day, year)** 05/16/2000 **Aggregate Year-to-Date ->** 1,000.00	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Philip Gerson 100 Chopin Plaza., STE 1310 Miami Center Miami,FL 33131 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Philip M Gerson P.A. **Occupation** Attorney	**Date (month, day, year)** 06/30/2000 **Aggregate Year-to-Date ->** 1,000.00	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Ira Gerstein 2405 Okeechobee Blvd. West Palm Beach,FL 33409- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Top Hat Car Wash **Occupation** Owner	**Date (month, day, year)** 04/28/2000 **Aggregate Year-to-Date ->** 500.00	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Michael H. Gibson 411 E. Livingston St., Apt A Orlando,FL 32802 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Law Offices of Michael Gibson **Occupation** Attorney	**Date (month, day, year)** 05/23/2000 **Aggregate Year-to-Date ->** 250.00	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Robert Gibson, Esquire 954 Campbell Avenue Lake Wales,FL 33853- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Gibson & Valenti **Occupation** Attorney	**Date (month, day, year)** 06/01/2000 **Aggregate Year-to-Date ->** 250.00	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Dr. Mark Gilbert 612 Nevan Road, #114 Virginia Beach,VA 23452- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Optician	**Date (month, day, year)** 06/30/2000 **Aggregate Year-to-Date ->** 1,000.00	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Diane M. Gill 10 Isle Bahia Terrace Fort Lauderdale,FL 33316-	Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Joseph Gillespie 600 N. Atlantic Ave. Daytona Beach,FL 32118-	Name of Employer Self Employed Occupation Investor	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Mr. James Gilliland 60 Morningside Park Memphis,TN 38104-	Name of Employer Department of Agriculture Occupation Attorney	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Ms. Stacey S. Gillman 1920 Northgate Blvd., suite A-(Sarasota,FL 34234-	Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Ms. Stacey S. Gillman 1920 Northgate Blvd., suite A (Sarasota,FL 34234-	Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
F. Full Name, Mailing Address and Zip Code Mr. David Gilman 1717 South Ocean Blvd. Pompano Beach,FL 33062-	Name of Employer Cardinal Squares Corporation Occupation Developer	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Mr. Roger Gladstone 433 Plaza Real #249 Boca Raton,FL 33432-	Name of Employer Shochet Holding Corp. Occupation Chairman & CEO	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Glennon 3 Washington Circle, #806 Washington,DC 20037-	Williams & Jensen Occupation Attorney	06/30/2000 EarmarkedSearchLight Victory Fund	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	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
Mr. Brian J. Glick 2424 N. Federal Highway, #460 Boca Raton,FL 33431-	Glick & Retamar Occupation Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	MB40

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glick & Retamar 2424 N. Federal Highway, Suite 460 Boca Raton,FL 33431-	Partnership Attribution Listed Individually Occupation	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Ms. Dalia Glottmann 5446 North Bay Road Miami Beach,FL 33140-	Homemaker Occupation Homemaker	05/10/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jack Glottmann Salgo Development Corp. P.O. Box 402097 Miami Beach,FL 33140-2097	Sloglo Development Occupation CEO	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Saul Glottmann 5446 North Bay Rd. Miami Beach,FL 33140-	SAGLO Development Co. Occupation Developer	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Saul Gluckman 5445 North Bay Rd. Miami Beach,FL 33140-	SAGLO Development Co. Developer	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Lewis Gold, M.D. 2512 Princeton Ct. Weston,FL 33327	Sheridan Healthcare Physician	05/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Lori Gold 2512 Princeton Ct. Weston,FL 33327	No Employer Boardmember	05/16/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lee Gomez 3200 W. Harbor View Ave. Tampa,FL 33611-	Morgan, Colling & Gilbert Attorney	06/28/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Grace Gonzalez 12100 NW 11th Street Fort Lauderdale,FL 33323-	Treemount Towing Owner	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lou Gonzalez 723 7th Ave., 10th Floor New York,NY 10019-	Quadiosonic Sound President	04/11/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Julio Gonzalez-Roel 2910 N. Storeview Pl. Tampa,FL 33607-1008	Gonzalez Funeral Home Director	06/15/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lawrence Goodrich 705 Berrocales De Avila Tampa,FL 33613-	Southern Wine & Spirits Occupation: Vice President	05/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Alan Gordon P.O. Box 5085 Jacksonville,FL 32247-	Investec Servicee Occupation: Real Estate Consultant	05/25/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Edwin Gordon 2210 Emullian Trail, South Jacksonville,FL 32217-3537	Self Employed Occupation: Attorney	06/08/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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**
Mr. Mark Gordon 1905 NW 167 St. Miami,FL 33169-	Precision Response Corp. Occupation: Account Executive	04/10/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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**
Mr. Mark Gordon 1905 NW 167 St. Miami,FL 33169-	Precision Response Corp. Occupation: Account Executive	04/10/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Samuel Gordon 2601 S. Bayshore Dr. PH-1A Miami,FL 33131-	West Indies Tropical Sales Co. Occupation: fruit broker	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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**
Mr. Samuel Goren 3030 NE 42nd St. Fort Lauderdale,FL 33308-	Josias Goren Cherof et al Occupation: Attorney	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Shelley Goren 3030 NE 42nd St. Fort Lauderdale,FL 33308- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
		Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code Mr. Martin Gottlieb 8852 Yorkshire Ct. Jacksonville,FL 32257- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Gottlieb & Assoc. **Occupation** Chairman	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date -> 500.00	
C. Full Name, Mailing Address and Zip Code Mr. Mel Gottlieb 3028 Forest Circle Jacksonville,FL 32257- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date -> 500.00	
D. Full Name, Mailing Address and Zip Code Mr. Barney J. Goldstein 550 W. 7th Ave., Suite 1540 Anchorage,AK 99501- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired	**Date (month, day, year)** 06/30/2000 EarmarkedNational Jewish Democratic PAC	**Amount of Each Receipt this Period** 1,000.00
		Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through National Jewish Democratic PAC Mr. Jason Silverberg Washington,DC 20002 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code Ms. Rachel L. Goldstein 1400 E Street Anchorage,AK 99501-5048 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired	**Date (month, day, year)** 06/30/2000 EarmarkedNational Jewish Democratic PAC	**Amount of Each Receipt this Period** 1,000.00
		Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through National Jewish Democratic PAC Mr. Jason Silverberg Washington,DC 20002 **Receipt For:** ☐ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	4,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Frederick H. Graefe 1050 Connecticut Avenue, NW Suite 1100 Washington,DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Baker & Hostetler **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. William Graham 1203 Kenilworth Road Tallahassee,FL 32312- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Graham, Moody, & Sox **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Nancy H. Grayson 1171 N. Ocean Blvd., Apt. 2B South Gulfstream,FL 33483- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Building Center **Occupation** Owner **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/19/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Mac A. Greco, Jr. 600 Madison St. Tampa,FL 33602-4703 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mac A. Greco Jr., P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/17/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Mary Louise Greene 179 Sea Hammock Way Ponte Vedra Beach,FL 32082- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 200.00	**Date (month, day, year)** 04/24/2000	**Amount of Each Receipt this Period** 200.00
F. Full Name, Mailing Address and Zip Code Ms. Mary Louise Greene 179 Sea Hammock Way Ponte Vedra Beach,FL 32082- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 100.00
G. Full Name, Mailing Address and Zip Code Dr. Richard Greene 1018 Pine Branch Court Fort Lauderdale,FL 33326 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Advanced Dermatology **Occupation** Physician **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 250.00

SUBTOTAL of Receipts This Page (optional)	3,300.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gary G. Grindler 191 Peachtree St., 39th Floor Atlanta,GA 30303-	King & Spalding Attorney	06/05/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Marcel Groen 1254 Lenox Road Jenkintown,PA 19046-	Groen, Laveson, Goldberg,et al Attorney	06/16/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bernard M. Gross 1820 S. Rittenhouse Square, #1602 Philadelphia,PA 19103-	Bernard Gross, P.C. Attorney	06/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Gross 1969 McAllister, Apt. 8 San Francisco,CA 94115-	Bluevector LLC Venture Capital	05/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gary L. Gross 13911 Oak Brook Dr., #104 North Royalton,OH 44133-	Gross Builders Construction	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Rochelle Gross 2580 Hickory Lane Cleveland,OH 44124-4211	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Deborah Grossman 462 Addison Park Lane Boca Raton,FL 33432-	Homemaker Homemaker	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Lawrence C. Grossman 1324 - 34th St., NW Washington,DC 20007- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Cassidy & Associates Occupation: Sr. Vice President Aggregate Year-to-Date -> 250.00	05/16/2000	250.00
B. Mr. Stuart Z. Grossman 482 Addison Park Lane Miami,FL 33133- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Grossman & Robb Occupation: Attorney Aggregate Year-to-Date -> 500.00	06/30/2000	500.00
C. Mr. Lee Gunn 336 Blanca Ave. Tampa,FL 33606- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Gunn & Merlin Occupation: Attorney Aggregate Year-to-Date -> 250.00	06/29/2000	250.00
D. Mr. Raul Gutierrez 7240 N W 12th St. Miami,FL 33126- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Calmaquip Engineering Corp. Occupation: Executive Aggregate Year-to-Date -> 1,000.00	06/15/2000	1,000.00
E. Mr. Raul Gutierrez 7240 N W 12th St. Miami,FL 33126- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Calmaquip Engineering Corp. Occupation: Executive Aggregate Year-to-Date -> 2,000.00	06/15/2000	1,000.00
F. Mr. David Haas 100 N. 18st., Suite 1110 Philadelphia,PA 19103- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Haas Foundation Occupation: Director Aggregate Year-to-Date -> 500.00	06/16/2000	500.00
G. Mr. John Haas 330 N. Spring Mill Road Villanova,PA 19085-1939 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Occupation: Retired Aggregate Year-to-Date -> 500.00	06/16/2000	500.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alan M. Habacht 11651 SW 68th Court Miami,FL 33156-	Taplin, Canida Habacht investment advisor	05/08/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Edith Haddock 641 Pinetree Road Winter Park,FL 32789-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lee Hager 3013 Sorrel Ct. Weston,FL 33331-	Southern Wine & Spirits Vice President	05/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Hagstrom P.O. Box 95 Pierson,FL 32180-	Self Employed Fern Grower	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Sam Halim 2402 NW 49th Lane Boca Raton,FL 33431	Pinnacle Imaging Businessman-Medical Clinics	05/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jon Hall 3889 S. Atlantic Ave. Daytona Beach,FL 32127-	Jon Hall Chevrolet Car Dealer	05/31/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ross Hall 116 Pleasant Vally Dr. Daytona Beach,FL 32114-	Jon Hall Chevrolet Car Dealer	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	4,000.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Susie Hall 3889 S Atlantic Ave. Daytona Beach,FL 32127- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Jon Hall Chevrolet **Occupation** Car Dealer **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Kristen Hallam 249 Pelican Ave. Daytona Beach,FL 32118-3420 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Insurance **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. David Halpern 1210 Gainsboro Road Bala Cynwyd,PA 19004-2015 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Jubeliver, Carothers, et al **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Ms. Ligia Halphen 15625 SW 47 Terrace Miami,FL 33185- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Jerald Halvorson 638 S. Columbus St. Alexandria,VA 22314- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Interstate Natural Gas Assoc. **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Ms. Kelly Hancock 3100 NE 42nd Street Fort Lauderdale,FL 33308- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Krupnick& Campbell **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Robert Hand 2930 Fitzooth Drive Winter Park,FL 32792- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Pyle,Jones,Hurley&Hand **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. David Hanna Two Rivinia Drive, STE 1750 Atlanta,GA 30346- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Compu Credit Corporation **Occupation** CEO **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Kimberly Hanna Two Ravinia Drive , STE 1750 Atlanta,GA 30346 Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Elizabeth Hannon 117 W. Park Ln. Cocoa Beach,FL 32931- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Mr. Christopher W. Hansen 12011 Alntree Lane Reston,VA 20191- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** The Boeing Company **Occupation** Sr. Vice President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. William Harrell 7077 Bonneval Road, Suite 200 Jacksonville,FL 32216- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Harrell & Johnson P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Peter Harris 1114 Marion Ave. Tallahassee,FL 32303- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** ADG Consultants **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Ms. Lauren C. Harrison 2700 Columbus Blvd. Coral Gables,FL 33134- Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Arthur Anderson **Occupation** Accountant **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy Harrison, Esquire 3610 East Hialea Court Phoenix,AZ 85044-	Bonnett, Fairbourn et al	04/24/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Kenneth Hart 706 North Ride Tallahassee,FL 32303	Ausley & McMullen	06/13/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	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
Ms. Ellen M. Heinbogen 7216 SW 146th St., Circle Miami,FL 33158-	Homemaker	05/10/2000	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker	Aggregate Year-to-Date -> 300.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Angus S. Hastings P.O. Box 1196 Citra,FL 32113-	Florida Rural Cooperative	05/23/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Executive Director	Aggregate Year-to-Date -> 1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Louis Hunter One Grove Isle Drive, #B09 Coconut Grove,FL 33133-	Self Employed	06/01/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	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
Mr. Stephen J. Helfman 300 Cocoplum Road Coral Gables,FL 33143-	Weiss, Serota, & Helfman	05/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.David Nelle- 2785 Attleboro Rd. Cleveland,OH 44120-	The NPR Group	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real estate	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	4,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. William F. Hellmuth 3939 Walnut Ave #187 Carmichael, CA 95608 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 200.00	**Date (month, day, year)** 05/12/2000 EarmarkedMoveOn	**Amount of Each Receipt this Period** 100.00
B. Full Name, Mailing Address and Zip Code Above Contribution Remarked Through MoveOn.Org P.O. Box 9063 Berkeley, CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Full Name, Mailing Address and Zip Code Mr. William F. Hellmuth 3939 Walnut Ave #187 Carmichael, CA 95608 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 400.00	**Date (month, day, year)** 06/18/2000	**Amount of Each Receipt this Period** 200.00
D. Full Name, Mailing Address and Zip Code Mr. Michael Helton 714 John Anderson Dr. Ormond Beach, FL 32176- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** NASCAR **Occupation** Senior Vice President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Ms. Carole Henderson 2817 Tupelo Ct. Longwood, FL 32779-3007 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Jim Henderson 2817 Tupelo Ct. Longwood, FL 32779-3007 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Brown & Brown **Occupation** Agent **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Ronald Herbert 930 SW 93rd Ave. Plantation, FL 33324- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Romer & Herbert DDS, **Occupation** dentist **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 250.00

SUBTOTAL of Receipts This Page (optional)	2,050.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Heritage Park of West Delray Ltd. 5859 Heritage Park Way Delray Beach,FL 33484- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Partnership Attribution Listed Individually **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Dick Herman 1302 South 101st Street, #210 Omaha,NE 68124- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Dick Herman 1302 South 101st Street, #210 Omaha,NE 68124- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Michael Herman 1302 S. 101St Street, Apt 210 Omaha,NE 68124- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Herman Corporation **Occupation** Banker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Michael Herman 1302 S. 101St Street, Apt 210 Omaha,NE 68124- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Herman Corporation **Occupation** Banker **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Peggy Herman 1302 South 101st Street, #210 Omaha,NE 68124- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Peggy Herman 1302 South 101st Street, #210 Omaha,NE 68124- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	7,000.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Richard Herman 312 North 96th Street Omaha,NE 68114-	**Name of Employer** Herman Corporation	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Banker		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Mr. Richard Herman 312 North 96th Street Omaha,NE 68114-	**Name of Employer** Herman Corporation	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Banker		
	Aggregate Year-to-Date ->	2,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Gerald R. Herms 200 Pierce St., Suite 3-A Tampa,FL 33602-	**Name of Employer** Gerald R. Herms	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Ms. Nancy McDermott Herstand 199 Ocean Lane Dr., Apt. 1000 Key Biscayne,FL 33149-	**Name of Employer** Homemaker	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Mr. Robert Hertzberg 100 SE 2nd St., STE. 3550 Miami,FL 33131-	**Name of Employer** Robert D. Hertzberg, P.A.	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Hidden Valley Ranch Mr. Dave Coon 801 Searles Las Vegas,NV 89125-	**Name of Employer** Anderson Dairy	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Vice President	EarmarkedSearchlight Victory Fund	
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	4,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Dennis Higginbotham PO Box 770 New Smyrna Beach,FL 32170-0770 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Higginbotham Cheverolet **Occupation** Automobiles **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Elzie Higginbottom 1927 N. Burling St. Chicago,IL 60614- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** East Lake Management Co. **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Helen Hodges One Pennsylvania Plaza New York,NY 10119-0165 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Helen Hodges One Pennsylvania Plaza New York,NY 10119-0165 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Russell Goldsmith Two Bunkyn Way Kentfield,CA 94904- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Payday Corporation **Occupation** Management Consultant **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Tibor Hollo PO Box 012949 Miami,FL 33101 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Florida East Coast Realty **Occupation** Real estate **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Dr. Thomas Holzer P.O. Box 851 Palo Alto,CA 94302- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** U.S. Government **Occupation** Geologist **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Bill Hoppe 66 W. Flagler St. Miami,FL 33130- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Hoppe & Beckmeyer **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/15/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Ada Dorwich 524 N. Rexford Dr. Beverly Hills,CA 90210- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Education Consultant **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Ms. Charlotte Houser 1005 Carrigan Blvd. Merritt Island,FL 32952- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Michael Hoetz 1767 Delaware Ave. N.E. Saint Petersburg,FL 33703- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Morgan, Colling & Gilbert **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Marcelino J. Huerta 4906 Lyford Cay Rd. Tampa,FL 33629- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Marcelino J. Huerta, III P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. A.W.F. Huggins 64 March Road Shelburne Falls,MA 01370 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Parlance Corporation **Occupation** Scientist **Aggregate Year-to-Date ->** 400.00	**Date (month, day, year)** 06/07/2000 EarmarkedMoveOn	**Amount of Each Receipt this Period** 200.00
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**

SUBTOTAL of Receipts This Page (optional)	3,450.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Reid Hughes PO Box 590 Daytona Beach,FL 32115 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Hughes Investments Occupation Investor Aggregate Year-to-Date -> 500.00	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Ms. Yvonne Holley 294 Bellaview Blvd. Belleair,FL 34616- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Self Employed Occupation Registered Nurse Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Mr. Daniel Hunter 227 W. Park Ave. Winter Park,FL 32789- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Hunter & Marchman Occupation Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/25/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. John Hunting 218 Maryland Avenue N.E. Washington,DC 20002- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer John Hunting & Assoc Occupation Investor Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Lisa Jones Hurley 1069 West Morse Blvd. Winter Park,FL 32789- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Pyle, Jones,Hurley,&Hand Occupation Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/29/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Mary Hurtig 2353 Bryn Mawr Ave. Philadelphia,PA 19131- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Mental Health Association Occupation Administrator Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Mr. Robert Burwitz 19 Pepper Creek Dr. Cleveland,OH 44124- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Self Employed Occupation Investor Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Charlene Irland 30 Plaza Granada Ave. Ormond Beach,FL 32174-	Homemaker Occupation: Homemaker	06/20/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tara Lynn Jackson, Esquire 3620 E. Briarwood Terrace Phoenix,AZ 85048-	Bonnett, Fairbourne et al Occupation: Attorney	04/17/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Joanne M. Jacobson 1521 S. Lakeshore Dr. Sarasota,FL 34231-	Retired Occupation: Retired	04/10/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Antonio D. Jacomino 782 N. Le Jeune Bd., Suite 650 Miami,FL 33126-	Sanson Klein Jacomino Occupation: CPA	05/05/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Jarrard 793 Foxhound Dr. Daytona Beach,FL 32124-	SunTrust Occupation: Banker	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Doran Jason 8600 NW 36 St., #101 Miami,FL 33166-6694	The Doran Jason Group of Miami Occupation: Real estate	05/10/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mario Jimenez 910 Country Club Prado Miami,FL 33134-	Daily Investments Inc. Occupation: President	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Sandra D. Johannes 6585 NW 169th Street Miami,FL 33015-	**Name of Employer** Pharmed	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Executive Assistant		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. R. Christian Johnsen 4636 Garfield St., NW Washington,DC 20007-	**Name of Employer** Jones Walker	**Date (month, day, year)** 04/13/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code Mr. Gregory Johnson 7077 Bonneval Road, Suite 200 Jacksonville,FL 32216-	**Name of Employer** Harrell & Johnson P.A.	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Michael J. Johnston 25 Colt Lane Gladstone,NJ 07934-	**Name of Employer** Capital Group Companies	**Date (month, day, year)** 04/24/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Executive Vice President	Earmarked	
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Jefferey Q. Jonasen PO Box 770924 Winter Garden,FL 34777-0924	**Name of Employer** Baker & Hostetler	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code Mr. J. Clark Jones P.O. Box 1060 Savannah,TN 38372-	**Name of Employer** Jones Motor Company	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Automobile Dealer		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Jesse Jones 6540NW 35th Avenue Miami,FL 33147-	**Name of Employer** Associated Machine	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Owner/President		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Wall Jones 1672 Waterwitch Drive Orlando,FL 32806-	Pyle,Jones,Hurley&Hand Occupation: Attorney	06/29/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Seth A. Joseph 609 Riviera Isle Drive Fort Lauderdale,FL 33317-	University Rehab Therapy Occupation: Chiropractor	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Marlene Josias 3099 E. Commercial Blvd., Suite 200 Fort Lauderdale,FL 33308-	Homemaker Occupation: Homemaker	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Steven L. Josias 3099 E. Commercial Blvd., Suite 200 Fort Lauderdale,FL 33308-	Josias Goren Cherof et al Occupation: Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Ms. Gladys Jourdain 1510 Madrid St. Coral Gables,FL 33134-	Urbaniza Occupation: Urban Planner	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Larry Kadis 120 W. Juniper Lane Chagrin Falls,OH 44022-	Federal Equipment Co. Occupation: Business Owner	06/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Kagan 3055 Harbor Drive 201 Fort Lauderdale,FL 33316-	MRI Scan Center Occupation: Physician	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
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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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. J. Lester Kaney 570 John Anderson Drive Ormond Beach, FL 32176-5409 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Cobb, Cole, & Bell **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Jonathan Kaney 470 Trilon Rd. Ormond Beach, FL 32176- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Cobb, Cole, & Bell **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. David A. Kanter 6004 Ile Sac Boca Raton, FL 33496- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Victory Grocers **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Howard Kaplan 20093 NE 19th Place Miami, FL 33179- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Transchemical **Occupation** Vice President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Mackie S. Kaplan 25 Guidric Road Waban, MA 02168- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Hale and Dorr, LLP **Occupation** Partner **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Randall Kaplan 302 Kemp Rd. W Greensboro, NC 27410- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Kaye Chemical Co. **Occupation** Executive **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Morteza Hassani Kargar 2359 Beville Rd. Daytona Beach, FL 32119- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Intevest Construction **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Fred Evan Karlinsky 13250 S.W. 88th Terrace, CN-108 Miami,FL 33186-	**Name of Employer** Colodny, Fass & Talenfeld	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Laurence Kashdin 1935 N.W. 124 th Avenue Coral Springs,FL 33071-	**Name of Employer** Chris Craft Industries Inc.	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Retired CFO		
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Gerald Katcher 1399 SW 1st Avenue Miami,FL 33130	**Name of Employer** Mellon United National Bank	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Banker		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Gerald Katcher 1399 SW 1st Avenue Miami,FL 33130	**Name of Employer** Mellon United National Bank	**Date (month, day, year)** 06/27/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Banker		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Reed Kathrein 1098 Idylberry Road San Rafael,CA 94903-1144	**Name of Employer** Milberg, Weiss, Bershad et al	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Reed Kathrein 1098 Idylberry Road San Rafael,CA 94903-1144	**Name of Employer** Milberg, Weiss, Bershad et al	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code Dr. Robert B. Katims Two Grove Isle Dr., Apt. 1805 Miami,FL 33133-	**Name of Employer** AHCA	**Date (month, day, year)** 05/05/2000	**Amount of Each Receipt this Period** 300.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Physician		
	Aggregate Year-to-Date ->	300.00	

SUBTOTAL of Receipts This Page (optional)	4,800.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lewis Katz 906 North Kings Highway Cherry Hill,NJ 08034-	Katz, Ettin, Levin et al	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	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
Mr. Peter Kaufman 420 E. 51st St. New York,NY 10022-	Gordian Group	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Partner	Aggregate Year-to-Date -> 1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ronald Kaufman 55 Francisco Street, 8th Floor San Francisco,CA 94133-	Kaufman Companies	04/20/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real estate	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
Mr. Steve Kaufman 728 Newport Circle Redwood City,CA 94065-	Smith Kaufman, LLP	06/02/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	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
Mr. John Kingman Keating 1020 Montcalm St. Orlando,FL 32806-	Self Employed	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Lisa Fox Keating 1020 Montcalm St. Orlando,FL 32806-	Homemaker	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Homemaker	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
Mr. Dennis M. Kedzior 3086 Tudor Hall Rd. Riva,MD 21140-1324	Cassidy & Associates	05/16/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Sr. Vice President	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Bruce Kennedy 2084 S. Halifax Drive Daytona Beach, FL 32118-	**Name of Employer** Self Employed	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Kerry B. Kennedy 410 Indian River Dr. Titusville, FL 32796-	**Name of Employer** American Express	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 300.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Financial Advisor		
	Aggregate Year-to-Date ->	300.00	
C. Full Name, Mailing Address and Zip Code Mr. Kerry B. Kennedy 410 Indian River Dr. Titusville, FL 32796-	**Name of Employer** American Express	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Financial Advisor		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Ms. Lesa Kennedy 2084 S. Halifax Dr. Daytona Beach, FL 32118-5206	**Name of Employer** International Speedway Corp.	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Executive Vice President		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Mr. Robert Kerrigan P.O. Box 12009 400 E. Gov't St. Pensacola, FL 32574-	**Name of Employer** Kerrigan, Estess, Rankin	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Attorney	Florida 2000	
	Aggregate Year-to-Date ->	1,000.00	MEMO
F. Full Name, Mailing Address and Zip Code Mr. Robert Kerrigan P.O. Box 12009 400 E. Gov't St. Pensacola, FL 32574-	**Name of Employer** Kerrigan, Estess, Rankin	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Attorney	Florida 2000	
	Aggregate Year-to-Date ->	2,000.00	MEMO
G. Full Name, Mailing Address and Zip Code Mr. Ralph Kier 4065 NW 64th Rd. Boca Raton, FL 33496-4009	**Name of Employer** Retired	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Occupation** Retired		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	2,000.00
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

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Arnold Kleinick 233 Broadway New York,NY 10279- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Arnold Kleinick 233 Broadway New York,NY 10279- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Eve Biskind Klothen 525 Walnut Lane Swarthmore,PA 19081- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Eve Biskind Klothen, LLP **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. William Koch 974 South Ocean Blvd. Palm Beach,FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Oxbow Corp **Occupation** Businessman **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/24/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
E. Full Name, Mailing Address and Zip Code Mr. William Koch 974 South Ocean Blvd. Palm Beach,FL 33480- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Oxbow Corp **Occupation** Businessman **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 04/24/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
F. Full Name, Mailing Address and Zip Code Mr. Ira M. Koger 3740 St. Johns Bluff Rd. 45 Jacksonville,FL 32224- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Dr. Gary Xompotheoras 733 Edgemere Ln Sarasota,FL 34242-1523 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Doctor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

One separate schedule for each category of the Detailed Summary Page	PAGE 81 OF 152
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. J. Livingston Kosberg P.O. Box 27376 Houston,TX 77227-7376	U.S. Physical Therapy Chairman	04/14/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hon. Suzanne Kosmas 3640 S. Atlantic Ave. New Smyrna Beach,FL 32169-	Prestige Properties Real estate	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. David Krathen 3467 Derby Ln. Fort Lauderdale,FL 33331-	Law Offices of David Krathen Attorney	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. David Krathen 3467 Derby Ln. Fort Lauderdale,FL 33331-	Law Offices of David Krathen Attorney	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jay L. Kriegel 139 Spring St., #4 New York,NY 10012-	The Abernathy MacGregor Group Counselor	04/24/2000 Earmarked	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Clinton A. Krislov 1532 Elmwood Wilmette,IL 60091-	Krislov & Associates Attorney	06/02/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Mel Krohn 7500 NW 5th St. Plantation,FL 33317	Self Employed Oral Surgeon	05/16/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Holly Krulik 8651 N.W. 50th Dr. Coral Springs,FL 33067- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Krupnicks Campbell Attorney Aggregate Year-to-Date -> 500.00	06/28/2000	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Benedict Kuehne PO Box 113405 Miami,FL 33111-3405 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Sale & Kuehne Attorney Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas Kuhn 13724 Canal Vista Court Potomac,MD 20854- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Edison Electric Institute President Aggregate Year-to-Date -> 250.00	05/16/2000	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
L.K. Family Trust 4601 N. Armenia Ave. Tampa,FL 33603- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Attorney Aggregate Year-to-Date -> 1,000.00	06/28/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LPFM Partnership 25250 Rockside Rd. Bedford,OH 44146- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Partnership Attribution Listed Individually Occupation Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Karen Ladzinski 2033 Forest Dr. Tallahassee,FL 32303 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Karen Ladzinski 2033 Forest Dr. Tallahassee,FL 32303 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 1,500.00	06/13/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Langton 1618 Talbot Avenue Jacksonville,FL 32205- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Langton Associates Public Affairs Consultant Aggregate Year-to-Date -> 1,000.00	06/26/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Blaine Lansberry 1990 S. Peninsula Drive Daytona Beach,FL 32118- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Hotelier Aggregate Year-to-Date -> 250.00	Date (month, day, year): 05/3?/2000	Amount of Each Receipt this Period: 250.00
C. Full Name, Mailing Address and Zip Code Ms. Lynn Larsen 1365 Constitution Pl. Tallahassee,FL 32308- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: NICA Occupation: Manager Aggregate Year-to-Date -> 300.00	Date (month, day, year): 04/19/2000	Amount of Each Receipt this Period: 300.00
D. Full Name, Mailing Address and Zip Code Dr. Jay Lasner 1030 Coral Ridge Drive No. 302 Coral Springs,FL 33071-4152 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Anesthesia Pain Care Consultan Occupation: Physician Aggregate Year-to-Date -> 500.00	Date (month, day, year): 06/28/2000	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and Zip Code Mr. John Lasry 525 N Ocean Blvd Miami,FL 33160- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Developer Aggregate Year-to-Date -> 500.00	Date (month, day, year): 03/18/2000	Amount of Each Receipt this Period: 500.00
F. Full Name, Mailing Address and Zip Code Mr. William Lauder 767 Fifth Ave. New York,NY 10153-0001 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Estee Lauder Companies Occupation: President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 04/10/2000	Amount of Each Receipt this Period: 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. William Lauder 767 Fifth Ave. New York,NY 10153-0001 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer: Estee Lauder Companies Occupation: President Aggregate Year-to-Date -> 2,000.00	Date (month, day, year): 04/13/2000	Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Barbara Lauer 3801 Bobbin Brook Circle Tallahassee, FL 32312 Receipt For: [X] Primary [ ] General [ ] Other (specify)	State of Florida Director DUI Program Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Casey Lauer 3801 Bobbin Brook Circle Tallahassee, FL 32312- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Student Student Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Law 6325 Ventura Way Tallahassee, FL 32311 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Law Redd Crona CPA Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George Leader 1529 Sand Hill Road Hummelstown, PA 17036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Providence Place Retirement Director Aggregate Year-to-Date -> 250.00	06/26/2000	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Patricia Lebow 272 Via Marila Palm Beach, FL 33480- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Broad & Cassel Attorney Aggregate Year-to-Date -> 250.00	04/27/2000	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Cynthia Leesfield 144 North Prospect Dr. Coral Gables, FL 33133- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 1,500.00	06/27/2000	1,500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Cynthia LuckField 144 North Prospect Dr. Coral Gables, FL 33133- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 2,500.00	06/27/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Cynthia Leesfield 144 North Prospect Dr. Coral Gables,FL 33133-	Homemaker Occupation: Homemaker	06/27/2000 REATTRIBUTION	-500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00		MEMO

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ira Leesfield 144 North Prospect Dr. Coral Gables,FL 33133-	Leesfield Leighton Rubio et al Occupation: Attorney	06/27/2000 Reattribution	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,500.00		MEMO

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ira Leesfield 144 North Prospect Dr. Coral Gables,FL 33133-	Leesfield Leighton Rubio et al Occupation: Attorney	06/27/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Wendy Legum 17170 Whitehaven Dr. Boca Raton,FL 33496-	Humpty Dumpster Occupation: Owner	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Armando Leighton 520 Poinciana Dr. Fort Lauderdale,FL 33301-2706	Corporate Notable & Supply, Co Occupation: Owner	04/19/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Armando Leighton 520 Poinciana Dr. Fort Lauderdale,FL 33301-2706	Corporate Notable & Supply, Co Occupation: Owner	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Leon 3525 S. W. 111th Ave. Miami,FL 33165-	Self Employed Occupation: Mechanical Engineer	06/14/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	3,500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Tom Leonard One Penn Center- 19th Floor 1617 John F. Kennedy Blvd Philadelphia,PA 19103-1895 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Obermayer Rebmann et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Dr. H. Ronald Levin 8255 Bayberry Rd. Jacksonville,FL 32216- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** dentist **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Abner Levine 16858 River Birch Circle Delray Beach,FL 33445- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 860.00	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 360.00
D. Full Name, Mailing Address and Zip Code Mr. Abner M. Levine 16858 River Birch Circle Delray Beach,FL 33445- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Levine & Stivers Mr. Mark Levine 215 East Virginia Street Tallahassee,FL 32301- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Partnership Attribution Listed Individually **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Fred Levinson 55 Raycliff Terrace San Francisco,CA 94115- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Jeffrey A. Levitetz 7034 Melrose Castle Lane Boca Raton,FL 33496- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Purity Wholesale Grocers **Occupation** Chairman of the Board **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,610.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule A(1) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jeffrey A. Levitetz 7134 Melrose Castle Lane Boca Raton, FL 33496-	Purity Wholesale Grocers	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Chairman of the Board	Aggregate Year-to-Date -> 2,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joel Levy 19333 Collins ave., #2002 Sunny Isles Beach, FL 33160-	The Adler Group	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Realtor	Aggregate Year-to-Date -> 1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Barbara S. Lewin 7050 Ayrshire Lane Boca Raton, FL 33496-	Self Employed	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: CPA	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
Mr. Gerald Lewin 7461 Glendevon Lane Delray Beach, FL 33446-	Goldstein, Lewin &Co.	04/19/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Accountant	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
Dr. Michelle E. Lewis 6932 QueensFerry Circle Boca Raton, FL 33496-	Self Employed	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] 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
Ms. Rita Lewis 4822 South 28th Street Apt. C2 Arlington, VA 22206-1342	The Washington Group	06/30/2000	750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Government Affairs	EarmarkedSearchlight Victory Fund	
		Aggregate Year-to-Date -> 750.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through: Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington, DC 20006			
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation:	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	4,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Rita Lewis 4822 South 29th Street Apt. C2 Arlington,VA 22206-1342 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** The Washington Group **Occupation** Government Affairs	**Date (month, day, year)** 06/30/2000 EarmarkedSearchlight Victory Fund **Aggregate Year-to-Date ->** 1,000.00	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 **Receipt For:** ☐ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Full Name, Mailing Address and Zip Code Ms. Hilda Leyva 3200 SW 126th Ave. Miami,FL 33175- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Cargil International **Occupation** Owner **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/05/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Ms. Nancy Liane 4331 Galileo Avenue Jacksonville,FL 32210 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Scott Liberman 700 S.E. 3rd Avenue Fort Lauderdale,FL 33316- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Krupnick& Campbell **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Valdin Lichter 45 Island Estates Palm Coast,FL 32137- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 300.00
G. Full Name, Mailing Address and Zip Code Mr. Charles Lichtigman 22 River Ridge Trl. Ormond Beach,FL 32174-4340 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Charles Wayne Properties **Occupation** Chairman **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. George Lindemann 4810 N. Bay Rd. Miami Beach,FL 33140- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Salud.com **Occupation** Chairman	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Mr. Martin Lipnack 7421 S.W. 20st Fort Lauderdale,FL 33317- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Med Scan MRI **Occupation** Director Gov't Relations	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Dr. Sol Linerbram P.O.Box 8101 Rancho Santa Fe,CA 92067- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Health Fusion.com **Occupation** Executive	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Christopher T. Long 8529 West Oak Place Vienna,VA 22182-3066 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Washington Resource Associates **Occupation** Consultant	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Mr. Howard Lorber 70 E. Sunrise Hwy, Ste. 411 Valley Stream,NY 11581- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Hallman & Lorber Associates **Occupation** Consultant	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Howard Lorber 70 E. Sunrise Hwy, Ste. 411 Valley Stream,NY 11581- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Hallman & Lorber Associates **Occupation** Consultant	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code Ms. Thea Lorber 1050 Seaware Dr. Hewlett,NY 11557- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Thea Lorber 1050 Seaweave Dr. Hewlett,NY 11557- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
		Aggregate Year-to-Date -> 2,000.00	
B. Full Name, Mailing Address and Zip Code Mr. William Loucks 410 Riverside Dr. Ormond Beach,FL 32176- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 250.00
		Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Mr. Juan Loumiet 1221 Brickell Avenue Miami,FL 33131 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Greenberg Traurig **Occupation** Attorney	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date -> 500.00	
D. Full Name, Mailing Address and Zip Code Mr. John Lummis 122 Middle Rd, Suite 349 Warwick, WK 09 Bermuda Warwick, Wk 09 Bermu, ... **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** DeSoto Insurance Company **Occupation** Insurance Agent	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date -> 500.00	
E. Full Name, Mailing Address and Zip Code Mr. John Lummis 122 Middle Rd, Suite 349 Warwick, WK 09 Bermuda Warwick, Wk 09 Bermu, ... **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** DeSoto Insurance Company **Occupation** Insurance Agent	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
		Aggregate Year-to-Date -> 750.00	
F. Full Name, Mailing Address and Zip Code Mr. Marvin Lundy 1635 Market Street, 19th Floor Philadelphia,PA 19103- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Marvin Lundy,LLP **Occupation** Attorney	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 250.00
		Aggregate Year-to-Date -> 250.00	
G. Full Name, Mailing Address and Zip Code Mr. Joseph Lurie 2049 Lombard St. Philadelphia,PA 19146-1315 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Galfand Berger, LLP **Occupation** Attorney	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Sein Lwin 1326 Ponce De Leon Dr. Fort Lauderdale,FL 33316-1302 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Physician	06/09/2000	500.00
		Aggregate Year-to-Date ->	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dennis M. Mackman 7911 Redwood Lane. Parkland,FL 33067-2301 Receipt For: [X] Primary [ ] General [ ] Other (specify)	North Broward Hospital Physician	06/09/2000	500.00
		Aggregate Year-to-Date ->	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ezra Mager 141 72nd St. New York,NY 10021-4367 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Torrey Funds General Partner	06/15/2000	1,000.00
		Aggregate Year-to-Date ->	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Scott Mager One East Broward Blvd. Suite 601 Fort Lauderdale,FL 33301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Mager & Associates Attorney	06/26/2000	1,000.00
		Aggregate Year-to-Date ->	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Michele D. Maher 616 Seminole Dr. Winter Park,FL 32789- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Homemaker	04/24/2000	1,000.00
		Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Michele D. Maher 616 Seminole Dr. Winter Park,FL 32789- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker	01/21/2000	1,000.00
		Aggregate Year-to-Date ->	2,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George Yahfood 2843 S. Bayshore Dr. Miami,FL 33133- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Leesfield Leighton Rubio et al Attorney	06/29/2000	250.00
		Aggregate Year-to-Date ->	250.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Harry Mahon 350 East Adams Street Jacksonville,FL 32202-	Mahon & Farley, P.A. Attorney	06/08/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jay Malina 6055 N.W. 82nd Avenue Miami,FL 33166-	xebec- trade finance corp. President	05/10/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. John D. Mallah 540 W. 51st Terrace Miami,FL 33140-2616	Fuller Mallah & Associates Attorney	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Thomas Malone Two Ravina Dr. Suite 300 Atlanta,GA 30346-	Thomas William Malone,P.A. Attorney	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Theodore Maloney 1809 Anacapa Street Santa Barbara,CA 93101-	Nida & Maloney LLP Attorney	06/20/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Albert Maloof Sr. 8951 NW 7th Ct. Hollywood,FL 33024-	Retired Retired	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Pauline Maloof 8951 NW 7th Court Pembroke Pines,FL 33024	Dade County Teacher	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. David Mandel 5223 N Bay Rd. Miami,FL 33140- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mandell & Mixon **Occupation** Attorney **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 300.00
B. Full Name, Mailing Address and Zip Code Mr. Joseph M. Manko, Sr. 95 E. Levering Mill Road Bala Cynwyd,PA 19004- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Manko Gold & Katcher **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Manko Gold & Katcher Mr. Joseph Manko 401 East City Ave., Suite 500 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Partnership Attribution Listed Individually **Occupation** **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Mr. John P. Manning c/o Boston Capital Partners One Boston Place, Suite 2100 Boston,MA 02108-4406 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Boston Capital Corporation **Occupation** President & CEO **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mrs. Joan Marek 3330 Bent Tree Place Fort Lauderdale,FL 33312- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 300.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 300.00
F. Full Name, Mailing Address and Zip Code Mr. Terry A. Marek 8325 St. Martins Lane Philadelphia,PA 19118- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Intermission **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Terry A. Marek 8325 St. Martins Lane Philadelphia,PA 19118 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Intermission **Occupation** Owner **Aggregate Year-to-Date ->** 1,500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	3,600.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Martin Z. Margulies 445 Grand Bay Dr., PE-1 Key Biscayne,FL 33149- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Developer **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/24/2000	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Dr. Stanley Margulies 2729 SW 22nd Ave. Coconut Grove,FL 33133- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Physician -Radiology **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Henry Marks 9459 SW 144 Ct Miami,FL 33186- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mavidal Partners **Occupation** Investor **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Anne Marquez 400 Cleveland St. Clearwater,FL 33755- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Gulf Investment Tech Inc. **Occupation** Private Investor **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Anne Marquez 400 Cleveland St. Clearwater,FL 33755- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Gulf Investment Tech Inc. **Occupation** Private Investor **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Jay Martus 227 Landings Blvd. Weston,FL 33327-1106 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Sheridan Health Corp **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Eduardo A. Masferrer 6971 SW 79th Ave. Miami,FL 33143- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Hamilton Bankcorp **Occupation** CEO **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Mathews P.O. Drawer 970 Marietta,GA 30061-	Mathews Comtracting Company / CEO	06/21/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Kathleen McClelland 5315 Crane Rd Melbourne,FL 32904-	Homemaker / Homemaker	05/24/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. J. T. McCormick 318 San Juan Drive Ponte Vedra Beach,FL 32082-	McCormick Properties / Owner	06/26/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James E. McDonald 7260 SW 132nd St. Miami,FL 33156	Duane, Morris & Heckscher / Attorney	05/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Thomas McGrath 19700 West Lake Dr. Miami,FL 33015-	McGrath Property Services / Treasurer	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Kathleen McHugh 3106 Omar Ave. Tampa,FL 33629-	Homemaker / Homemaker	06/30/2000 Florida 2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	MEMO

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Kathleen McHugh 3106 Omar Ave. Tampa,FL 33629	Homemaker / Homemaker	06/30/2000 Florida 2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	MEMO

SUBTOTAL of Receipts This Page (optional)	3,250.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Timothy McHugh 3106 Omar Ave. Tampa,FL 33629-	Self Employed Occupation Attorney	06/30/2000 Florida 2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	MEMO

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Timothy McHugh 3106 Omar Ave. Tampa,FL 33629-	Self Employed Occupation Attorney	06/30/2000 Florida 2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	MEMO

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Scott McMillen 8550 Darlene Dr. Orlando,FL 32836	Brown, Terrell, Hogan et.al. Occupation Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Earl McMillin P.O. Box 1086 Cape Canaveral,FL 32920-	Self Employed Occupation Harbor Pilot	06/01/2000	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gordon MC Neil 44 Oak Meadow Trail Pittsford,NY 14534-	Arnold Group-SPS Tech Occupation Division President	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lisa McNellis 2230 SW 15 Pl. Boca Raton,FL 33486	Krupnick& Campbell Occupation Attorney	06/28/2000	750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	750.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. Emmett McTigue P.O. Box 030246 Fort Lauderdale,FL 33303	M.R. McTigue & Company Occupation Chairman	06/09/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	2,100.00
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 Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Ralph D. McWilliams 1704 Raa Ave. Tallahassee,FL 32303- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 155.00	**Date (month, day, year)** 04/14/2000	**Amount of Each Receipt this Period** 75.00
B. Full Name, Mailing Address and Zip Code Mr. Ralph D. McWilliams 1704 Raa Ave. Tallahassee,FL 32303- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 230.00	**Date (month, day, year)** 05/15/2000	**Amount of Each Receipt this Period** 75.00
C. Full Name, Mailing Address and Zip Code Mr. Ralph D. McWilliams 1704 Raa Ave. Tallahassee,FL 32303- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 330.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 100.00
D. Full Name, Mailing Address and Zip Code Ms. Jill Meenan 8862 Winged Foot Drive Tallahassee,FL 32313 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 875.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Ms. Phylis Meier 2800 Island Blvd., Apt 1602 Aventura,FL 33160- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. O.E. Melo 5513 Intertbay Blvd. Tampa,FL 33611- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Real estate **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Charles L. Merin 212 North Cherry St. Falls Church,VA 22046-3521 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Black Kelly Scruggs & Healey **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	2,000.00
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

FOR LINE NUMBER 11(a)(i)

NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Merlin 1100 N. Florida Avenue, Suite 300 Tampa,FL 33609-	Gunn & Merlin Attorney	06/29/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Meyer 1601 Belvedere Road Suite 407 West Palm Beach,FL 33406	Self Employed Hotelier	06/30/2000	750.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Meyer 1601 Belvedere Road Suite 407 West Palm Beach,FL 33406	Self Employed Hotelier	06/30/2000	750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Robert Middlemas P.O. Box 166 Panama City,FL 32402-	Black Insurance Agency Agent	04/24/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Robert Middlemas P.O. Box 166 Panama City,FL 32402-	Black Insurance Agency Agent	06/13/2000	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	600.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Alison W. Miller 5505 SW 93rd Street Coral Gables,FL 33156-	Homemaker Homemaker	05/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Milstein 1311 Bay Terrace North Bay Village,FL 33141-4002	Akerman and Associates Attorney	06/27/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	2,850.00
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

FOR LINK NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms D. K. Mink 3081 East Commercial Blvd. Fort Lauderdale,FL 33308-	Mink & Mink	04/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real estate	Aggregate Year-to-Date -> 250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bruce A. Minnick 9002 Eagles Ridge Dr. Tallahassee,FL 32312-	Bruce Alexander Minnick, PA	06/16/2000	900.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bruce A. Minnick 9002 Eagles Ridge Dr. Tallahassee,FL 32312-	Bruce Alexander Minnick, PA	06/16/2000	600.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,600.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Sandy Mintz 2808 Diligence Circle Anchorage,AK 99515-	Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker	EarmarkedNational Jewish Democratic PAC	
	Aggregate Year-to-Date -> 1,000.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through National Jewish Democratic PAC Mr. Jason Silverberg Washington,DC 20002			
Receipt For: [ ] Primary [ ] General [ ] 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
Mr. Sanford Mlot P.O. Box 222240 Miami,FL 33131	Berkshire Enterprises	06/05/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Principal	Aggregate Year-to-Date -> 250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bruce Mitchell 77 East Andrews Dr. NW., Apt 329 Atlanta,GA 30305	Self Employed	06/29/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Investor	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mr. E.R. Mitchell, Jr. 1311 Desoto Falls Court Atlanta,GA 30311- Receipt For: [X] Primary [ ] General [ ] Other (specify)	ER Mitchell Construction Co. Owner Aggregate Year-to-Date -> 1,000.00	06/05/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Salim Mitha 1586 S. Dixie Hwy. Coral Gables,FL 33146- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Mitha Investment Co. President Aggregate Year-to-Date -> 1,000.00	05/23/2000 Florida 2000	1,000.00 MEMO
C. Full Name, Mailing Address and Zip Code Mr. Salim Mitha 1586 S. Dixie Hwy. Coral Gables,FL 33146- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Mitha Investment Co. President Aggregate Year-to-Date -> 2,000.00	05/23/2000 Florida 2000	1,000.00 MEMO
D. Full Name, Mailing Address and Zip Code Ms. Jan Montgomery 942 Via Fruteria Santa Barbara,CA 93110-2322 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Retired Aggregate Year-to-Date -> 250.00	06/02/2000	250.00
E. Full Name, Mailing Address and Zip Code Ms. Doree Monti 2906 West Ave., Apt. 11 Austin,TX 78705- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 1,000.00	05/10/2000	1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Walter Moody 1004 Gardenia Dr. Tallahassee,FL 32312 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Graham, Moody, & Sox Attorney Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Judith Moore 1133 Fifth Ave. New York,NY 10128- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 1,000.00	06/08/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Matthew L. Moore 111 Fourth Avenue, Apt. 9e New York,NY 10003 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Davis Polk & Wardwell **Occupation** Lawyer **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/03/2000 EarmarkedMove On	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Full Name, Mailing Address and Zip Code Ms. Nicole M. Moore 2240 Bellair Rd., Suite 160 Clearwater,FL 33764- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. Thomas Moore 1133 Fifth Ave. New York,NY 10128- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Kramer, Dillof, Tessel, & Duff **Occupation** Lawyer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Charles O. Morgan, Jr. 4565 Sabal Palm Rd. Bay Point Miami,FL 33137- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Charles O. Morgan, Jr. PA **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Dr. Michael Morgenstern 111 W. Maple St. #3201 Chicago,IL 60610-5401 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Warren B. Mosler 481 South Beach Rd. Hobe Sound,FL 33455- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** AVM, L.P. **Occupation** Partner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jon C. Moyle 625 North Flagler Drive Post Office Box 3888 West Palm Beach,FL 33402-	Moyle, Flanigan, Katz et al. Attorney	06/27/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Chuck Muckenfuss 17 West Kirke Street Chevy Chase,MD 20815-	Gibson, Dunn, & Crutcher Partner	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. David Muller 87 Chestnut Street Boston,MA 02108-	Mile Creek Capital Investor	06/22/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Timothy J. Murphy 201 S. Biscayne Blvd. Suite 1600 Miami,FL 33131 4329	Shutts & Bowen LLP Attorney	06/23/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Kenneth Murrah 1601 Legion Drive Winter Park,FL 32789-	Murrah, Doyle and Wigle Attorney	05/23/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Beth Nadel 6540 NW 40th Court Boca Raton,FL 33496-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jeffrey Nadel 6540 NW 40Th Court Boca Raton,FL 33496-	FL Physicians Healthcare Group President	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Neil Natkow 2681 Riviera Court Ft. Lauderdale,FL 33332- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Phytrust **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Andrew Needle 1401 Brickell Ave., Suite 900 Miami,FL 33131- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Needle Gallagher & Ellenberg **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Ms. Florence Neidig 70 West Lucerne Circle Apt. 607 Orlando,FL 32801- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Ms. Brenda Nestor 6917 Collins Ave. Miami Beach,FL 33141- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** NVF **Occupation** Chief Operating Officer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Gregg E. Nicholls 898 SW 15th St. Boca Raton,FL 33486- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** CPA **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Anthony Ninos P.O. Box 1060 Cocoa,FL 32923 1060 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Michael Koonan 6601 N. Leroy Avenue Lincolnwood,IL 60646- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Midwest Industrial Lighting **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/22/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Brian S. Norcross 1900 Sunset Harbour Dr., #1812 Miami Beach,FL 33139-	**Name of Employer** CBS-TV **Occupation** Broadcaster	**Date (month, day, year)** 06/09/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	250.00	
B. Full Name, Mailing Address and Zip Code Mr. Jeffrey S. Nunberg 508 Savona Ave. Coral Gables,FL 33146-	**Name of Employer** The Adler Group **Occupation** Realtor	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
C. Full Name, Mailing Address and Zip Code Mr. Ralph Nurnberger 5102 S. 12th Road Arlington,VA 22204-	**Name of Employer** Preston Gates Ellis et al **Occupation** Government Affairs	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. William O'Callaghan 738 Mandalay Clearwater,FL 33755-	**Name of Employer** Self Employed **Occupation** Private Investment Banker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. William O'Callaghan 738 Mandalay Clearwater,FL 33755-	**Name of Employer** Self Employed **Occupation** Private Investment Banker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	2,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Todd J. O'Malley 426 Mulberry St. Scranton,PA 18503-	**Name of Employer** O'Malley & Langon **Occupation** Attorney	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
G. Full Name, Mailing Address and Zip Code Ms. Hayley Odom P.O. Box 1735 Destin,FL 32541-	**Name of Employer** Crystal Beach Develope: **Occupation** Developer	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jay Odom PO Box 1735 Destin,FL 32540-1735 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Crystal Beach Developer Occupation: Developer Aggregate Year-to-Date -> 1,000.00	06/15/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Joanne K. Olszewski 1260 Holstein Court Blue Bell,PA 19422- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Cisco's Occupation: Businesswoman Aggregate Year-to-Date -> 500.00	06/16/2000	500.00
C. Full Name, Mailing Address and Zip Code Mr. Jeffery Orseck 1111 E. Broward Blvd. Fort Lauderdale,FL 33301- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Attorney Aggregate Year-to-Date -> 250.00	06/23/2000	250.00
D. Full Name, Mailing Address and Zip Code Ms. Dianne Overton 3820 Bobbin Mill Rd. Tallahassee,FL 32312-1204 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Apalachee Center Occupation: Consultant Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
E. Full Name, Mailing Address and Zip Code Mr. Larry Overton 3820 Bobbin Mill Road Tallahassee,FL 32312-1204 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Larry Overton & Associates Occupation: President Aggregate Year-to-Date -> 500.00	06/13/2000	500.00
F. Full Name, Mailing Address and Zip Code Mr. Larry Overton 3820 Bobbin Mill Road Tallahassee,FL 32312-1204 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Larry Overton & Associates Occupation: President Aggregate Year-to-Date -> 1,000.00	06/30/2000	500.00
G. Full Name, Mailing Address and Zip Code Ms. Kimberly Oxholm 627 S. Bowman Avenue Merion Station,PA 19066-1421 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Activist Aggregate Year-to-Date -> 500.00	06/16/2000	500.00

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Curtis Palmer 1302 Roylin Drive Los Angeles,CA 90069-	**Name of Employer** Self Employed	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Real Estate Developer		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Mr. Steven Palmer 5827 North 27th Street Arlington,VA 22207-	**Name of Employer** Van Scoyoc Associates, Inc.	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Vice President		
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Mr. Alexander Papaconstatos 8 E. 96th St., #23 New York,NY 10128-	**Name of Employer** NCH Capital	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Managing Director	Earmarked	
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Ms. Patricia Papper One Grove Isle Dr., Apt. 1501 Miami,FL 33133-	**Name of Employer** Self Employed	**Date (month, day, year)** 06/20/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Investor		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Mr. Louis Parrish 320 West Park Ave. Tallahassee,FL 32301	**Name of Employer** Self Employed	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Agriculture		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Mr. Christopher Pascucci 7 Wellington Rd. Locust Valley,NY 11560-2415	**Name of Employer** Self Employed	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Ms. Lisa Pascucci 72 Factory Pond Rd. Locust Valley,NY 11560-	**Name of Employer** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Pascucci 392 Duck Pond Rd Locust Valley,NY 11560-2405	WLNY-TV SS **Occupation** Communications	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. R. Scott Pastrick 5416 Falmouth Rd. Bethesda,MD 20816-	Black Kelly Scruggs & Healey **Occupation** Managing Director	04/17/2000 Earmarked	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Indravadan C. Patel 1950 Peters Place Clearwater,FL 33764-	Retired **Occupation** Retired	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**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**
Kusum Patel 1950 Peters Place Clearwater,FL 33764-	Retired **Occupation** Retired	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**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**
Ms. Naini P. Patel 3107 Moosvale Lane Tampa,FL 33618-	Homemaker **Occupation** Homemaker	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**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**
Ms. Rita Patel 1950 Peters Place Clearwater,FL 33764-7597	No Employer **Occupation** Homemaker	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**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**
Mr. Sandip I. Patel 1950 Peters Place Clearwater,FL 33764-7597	Patel Moore & O'Connor **Occupation** Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert E. Paul 345 N. Bowman Ave. Merion Station, PA 19066-	Paul, Mardinly, Durham et al Attorney	06/05/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Armando Paz 4920 S.W. 85th St. Miami, FL 33143-	Calmaquip Engineering Corp. Executive	06/15/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Armando Paz 4920 S.W. 85th St. Miami, FL 33143-	Calmaquip Engineering Corp. Executive	06/15/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Denny C. Pearce 6606 N. Gessner Houston, TX 77040-	The Nut Place, Inc. President	04/24/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Amy Pearlson 4515 N. Meridian Ave. Miami Beach, FL 33140-	Adams-Tyler Hotels Owner	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jorge Perez The Related Group of Florida 2828 Coral Way, PH 1 Miami, FL 33145-	Sole Propriatorship Investor	05/10/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Lizabeth Perez 1417 Obispo Ave. Coral Gables, FL 33134-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Larry Perl 1666 S. Bayshore Dr. Miami,FL 33131-	Self Employed Investor	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David L. Perlman 6024 Paradise Point Dr. Miami,FL 33157-	Retired Retired	06/05/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Pamela Perry c/o Steve Pederson 2390 South Dixie Highway Miami,FL 33133-	Bierman Sholet et al Attorney	06/27/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jerrold Phillips 3215 W Chaplin Ave Tampa,FL 33611-	Cheeseman & Phillips Attorney	06/29/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jerrold Phillips 3215 W Chaplin Ave Tampa,FL 33611-	Cheeseman & Phillips Attorney	06/29/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lena Piccione 7 Pharis Pl. Saddle River,NJ 07458-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lena Piccione 7 Pharis Pl. Saddle River,NJ 07458-	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tal Piccione 7 Pharia Pl. Saddle River,NJ 07458-	OS RE Corporation Occupation: CEO	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tal Piccione 7 Pharia Pl. Saddle River,NJ 07458-	OS RE Corporation Occupation: CEO	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Katharine Pierce 531 North Broadway Nyack,NY 10960	independent contractor Occupation: Computer Training	06/26/2000 EarmarkedMoveOn	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	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
Mr. David Pijot 49 Broadriver Rd Ormond Beach,FL 32174 4931	SunTrust Bank N.A. Occupation: Banker	05/31/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Podhurst, Esquire City National Bank Building 25 West Flagler St. #800 Miami,FL 33130-	Podhurst, Orseck & Josefsberg Occupation: Attorney	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	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
Dr. Sherman Mark Podolsky 7921 Wellwynd Way Boca Raton,FL 33496-	Coastal Physicians Services Occupation: Physician	06/09/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,750.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Ingrid Pollak 8100 Royal Palm Blvd. STE.105 Pompano Beach,FL 33065- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mitchell Pollak, M.D. **Occupation** Office Manager **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 750.00
B. Full Name, Mailing Address and Zip Code Mr. Mark L. Pomeranz 12955 Biscayne Blvd., Suite 202 North Miami,FL 33181-2021 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Pomeranz & Landsman **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Mr. Rafael Portela 283 Harbor Dr. Key Biscayne,FL 33149-1230 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Calmaquip Engineering Corp. **Occupation** Executive **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Rafael Portela 283 Harbor Dr. Key Biscayne,FL 33149-1230 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Calmaquip Engineering Corp. **Occupation** Executive **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Stephen Power 1600 N.W. 163rd St. Miami,FL 33169- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Southern Wine & Spirits **Occupation** Executive **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Axel Preuss-Kuhne 201 Crandon Blvd., #507 Miami,FL 33149-1520 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/03/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Mr. Stanley Price 19440 NE 14th Court Miami,FL 33179- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Bilzin, Sumberg et al **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Michael Pucillo 224 Dunbar Road Palm Beach,FL 33480- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Burt & Pucillo **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/19/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. H. Mark Purdy 2617 Aqua Vista Blvd. Fort Lauderdale,FL 33301- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Purdy & Flynn, P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Steven P. Pyle 1331 North Lake Sybelia Drive Maitland,FL 32751- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Pyle,Jones,Hurley,&Hand **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Scott Quist 7 Wanderwood Way Sandy,UT 84092- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Desert Mortuary **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Samuel J. Rabin 799 Brickell Plaza, Suite 606 Miami,FL 33131-2802 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Samuel J. Rabin P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Ms. Vania Rabin P.O. Box 926 Tiburon,CA 94920-1119 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Therapist **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Ms. Nancy Rappaport 4255 N.W. 26th Court Boca Raton,FL 33434- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Nancy Rappaport 4255 N.W. 26th Court Boca Raton,FL 33434-	Milberg, Weiss, Bershad et al	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	2,000.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Albert B. Ratner 50 Public Square, Suite 1600 Cleveland,OH 44113-2295	RMS Management	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner	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
Mr. Charles Ratner 50 Public Square, Suite 1600 Cleveland,OH 44113-2295	RMS Management	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner	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
Mr. James Ratner RMS Management 50 Public Square Cleveland,OH 44113-2295	RMS Management	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner	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
Mr. Mark Ratner RMS Management 50 Public Square, Ste. 1600 Cleveland,OH 44113-2295	RMS Management	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner	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
Mr. Ronald Ratner 50 Public Square, Suite 1600 Cleveland,OH 44113-2295	RMS Management	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Partner	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
Mr. Manuel Reboso 9855 SW 92nd Ave Miami,FL 33176-	Rossman & Baumberger	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Harry Redd 2648 Lucerne Dr. Tallahassee,FL 32303 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Law Redd Crona **Occupation** CPA **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Elaine Reeves 2802 Beach Drive Tampa,FL 33629- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
C. Full Name, Mailing Address and Zip Code Ms. Elaine Reeves 2802 Beach Drive Tampa,FL 33629- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000 Florida 2000	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
D. Full Name, Mailing Address and Zip Code Mr. Morris L. Reid 1515 Jefferson Davis 503 Arlington,VA 22202- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** American Management Services **Occupation** Director **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Joseph Reiter P.O. Box 4056 West Palm Beach,FL 33402- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Lytal & Reiter **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Marc Reiter 1325 G Street, NW, Suite 1000 Washington,DC 20005 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** ISRIPAC **Occupation** Public Relations **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 EarmarkedSearchlight Victory Fund	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**

SUBTOTAL of Receipts This Page (optional)	3,500.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Robert Reyes 1904 Miccosukee Rd. Apt. 22 Tallahassee,FL 32308 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Graham, Moody, & Sox Occupation: Government Affairs Aggregate Year-to-Date -> 500.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 500.00
B. Full Name, Mailing Address and Zip Code Mr. Sal T. Ricciardi 11911 NW 2nd St. Coral Springs,FL 33071- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Puritee Wholesale Foods Occupation: President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Sal T. Ricciardi 11911 NW 2nd St. Coral Springs,FL 33071- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer: Puritee Wholesale Foods Occupation: President Aggregate Year-to-Date -> 2,000.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Joseph Richardson 343 Brightwaters Blvd., NE St. Petersburg,FL 33704- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Florida Power Occupation: Director Aggregate Year-to-Date -> 500.00	Date (month, day, year): 05/16/2000	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and Zip Code Mrs. Letitia Ricker 1750 Marston Place Tallahassee,FL 32312 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 500.00
F. Full Name, Mailing Address and Zip Code Mr. William Riker 5 Skyline Dr. Smiths FL 08 Bermuda, ... Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: DeSoto Insurance Company Occupation: Insurance Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. William Riker 5 Skyline Dr. Smiths FL 08 Bermuda, ... Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer: DeSoto Insurance Company Occupation: Insurance Aggregate Year-to-Date -> 1,500.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Connie Ritchey 1131 N. Halifax Avenue Daytona Beach,FL 32118-3654 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/01/2000 Reattribution	**Amount of Each Receipt this Period** 250.00 **MEMO**
B. Full Name, Mailing Address and Zip Code Mr. Glenn Ritchey PO Box 751 Daytona Beach,FL 32115- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** John Hall Chevrolet **Occupation** Automobiles **Aggregate Year-to-Date ->** 1,250.00	**Date (month, day, year)** 06/01/2000	**Amount of Each Receipt this Period** 1,250.00
C. Full Name, Mailing Address and Zip Code Mr. Glenn Ritchey PO Box 751 Daytona Beach,FL 32115- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** John Hall Chevrolet **Occupation** Automobiles **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/01/2000 Reattribution	**Amount of Each Receipt this Period** -250.00 **MEMO**
D. Full Name, Mailing Address and Zip Code Mr. Gregory J. Ritter 7000 W. Palmetto Park Rd., Suite 400 Boca Raton,FL 33433- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Ritter Chusid Bivona et al **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/30/2000 Partnership->Ritter Chusid Bivona & Cohen,	**Amount of Each Receipt this Period** 250.00 **MEMO**
E. Full Name, Mailing Address and Zip Code Ritter Chusid Bivona & Cohen, LLP Mr. Gregory J. Ritter 7000 W. Palmetto Park Rd., Suite 400 Boca Raton,FL 33433 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** Partnership Attribution Listed Individually **Occupation** See separate listing for partnership **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
F. Full Name, Mailing Address and Zip Code Ritter Chusid Bivona & Cohen, LLP Mr. Gregory J. Ritter 7000 W. Palmetto Park Rd., Suite 400 Boca Raton,FL 33433- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Partnership Attribution Listed Individually **Occupation** **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Darren Robbins 12755 Jordan Ridge Ct. San Diego,CA 92130-2749 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mrs. Kimberly Robbins 12755 Jordan Ridge Ct. San Diego,CA 92130-2749 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Brian Roberts 1500 Market Street Philadelphia,PA 19102- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Comcast **Occupation** CEO **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Jim A. Robinson 201 S. Biscayne Blvd., 34th Floor Miami,FL 33131- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 750.00
D. Full Name, Mailing Address and Zip Code Mr. Louis Robles 100 South Biscayne Boulevard Miami,FL 33131- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Robles & Gonzales, PA **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. David Rockefeller, Jr. 30 Rockefeller Plaza, Room 5600 New York,NY 10112- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** No Employer **Occupation** Philanthropist **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Fernando Rodriguez 100 S. Biscayne Blvd. Suite 1020 Miami,FL 33131- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Data Servicing Inc. **Occupation** Computers **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Paris Rogers 1 Talaquah Blvd. Ormond Beach,FL 32174-3704 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Samuel Rogers, Jr. 1742 Marston Place Tallahassee, FL 32312 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Rogers, Atkins, Gunter & Asso. **Occupation** Agent **Aggregate Year-to-Date ->** 454.75	**Date (month, day, year)** 06/12/2000 Hospitality	**Amount of Each Receipt this Period** 454.75 IN-KIND
B. Full Name, Mailing Address and Zip Code Mr. Jose Rosado 13002 San Jose Street Coral Gables, FL 33156- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** IBEX **Occupation** CEO **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Alan Rose 3257 Fiddlers Hammock Ln Ponte Vedra Beach, FL 32082- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Loews Hotels **Occupation** Retired **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. Alan J. Rose 569 Lexington Ave. New York, NY 10022- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Loews Hotels **Occupation** Manager **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Richard Rosell[illegible] 2230 SW 16th Pl. Boca Raton, FL 33486- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Krupnick& Campbell **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Mark F. Rosenberg 1595 Massey Pointe Lane Memphis, TN 38120-1319 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Diversified Health Services **Occupation** Business Development **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Dr. Steven I. Rosenfeld 17293 Northway Circle Boca Raton, FL 33496- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Delray Eye Associates **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,954.75
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Audrey H. Ross 120 Leucadendra Dr. Coral Gables, FL 33156-2327	Ross & Associates	06/23/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Realtor	Aggregate Year-to-Date -> 1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Audrey H. Ross 120 Leucadendra Dr. Coral Gables, FL 33156-2327	Ross & Associates	06/23/2000	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Occupation: Realtor	Aggregate Year-to-Date -> 2,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jay Rossin 2699 South Bayshore Dr. Miami, FL 33133-5486	Kaufman & Rossin & Co.	06/14/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: CPA	Aggregate Year-to-Date -> 1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Stephen Rossman 5340 Banyan Dr. Miami, FL 33156-	Rossman, Baumberger & Reboso	06/30/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 2,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Barbara Rostov 13647 Deering Bay Dr., #162 Coral Gables, FL 33158-	Homemaker	06/09/2000	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Occupation: Homemaker	REATTRIBUTION Aggregate Year-to-Date -> 500.00	MEMO

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Eugene Rostov 13647 Deering Bay Dr., #162 Coral Gables, FL 33158-	Baker & McKenzie	06/09/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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
Mr. Eugene Rostov 13647 Deering Bay Dr., #162 Coral Gables, FL 33158-	Baker & McKenzie	06/09/2000	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 2,000.00	

SUBTOTAL of Receipts This Page (optional)	6,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Eugene Rostov 13647 Deering Bay Dr., #162 Coral Gables,FL 33158-	**Name of Employer** Baker & McKenzie **Occupation** Attorney	**Date (month, day, year)** 06/09/2000 REATTRIBUTION	**Amount of Each Receipt this Period** -500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,500.00	**MEMO**
B. Full Name, Mailing Address and Zip Code Mr. Neal Roth 7229 SW 102nd St. Miami,FL 33156-3123	**Name of Employer** Gossman & Roth P.A. **Occupation** Attorney	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Joel Rube 4102 Stilmore Cleveland,OH 44121-3130	**Name of Employer** Keane, Inc **Occupation** Consultant	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
D. Full Name, Mailing Address and Zip Code Mr. Michael C. Ruckdeschel 2506 Mystic Point Way Tampa,FL 33611-5061	**Name of Employer** Moffitt Cancer Center **Occupation** Executive	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	250.00	
E. Full Name, Mailing Address and Zip Code Mr. H.J. Russell 275 13th St. N.W. Atlanta,GA 30309-	**Name of Employer** H.J. Russel & Co. **Occupation** Construction	**Date (month, day, year)** 06/06/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
F. Full Name, Mailing Address and Zip Code Hon. Marty Russo 700 - 13th St., NW, Suite 400 Washington,DC 20005-3960	**Name of Employer** Cassidy & Associates **Occupation** President	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	250.00	
G. Full Name, Mailing Address and Zip Code Mr. Herman Russomanno 13201 SW 63rd Avenue Miami,FL 33156-	**Name of Employer** Russomanno & Borrello, P.A. **Occupation** Attorney	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Patricia Butsis 2881 NE 35th Ct. Fort Lauderdale,FL 33308-5815	Krupnick& Campbell	06/28/2000	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Government Relations	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
Elaine A. Ryan, Esquire 1906 E. Vaughn Dr. Tempe,AZ 85283-	Bonnett, Fairbourne et al	04/17/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Ryan 7487 NW 23th St. Pompano Beach,FL 33063-8137	Krupnick& Campbell	06/28/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	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
Mr. Fred Rzepka 25250 Rockside Rd. Bedford,OH 44146-	LPFM Partnership	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real Estate Developer	Partnership-Partnership	>LPFM MEMO
	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
LPFM Partnership 25250 Rockside Rd. Bedford,OH 44146-	Partnership Attribution Listed Individually		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation: See separate listing for partnership	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
Mr. Peter Rzepka 25250 Rockside Rd. Bedford,OH 44146-	LPFM Partnership	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real Estate Developer	Partnership-Partnership	>LPFM MEMO
	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
LPFM Partnership 25250 Rockside Rd. Bedford,OH 44146-	Partnership Attribution Listed Individually		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation: See separate listing for partnership	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	1,800.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lowell Sachnoff 30 S. Wacker Dr., Suite 2900 Chicago,IL 60606-	Self Employed Attorney	06/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Jane Sackheim 350 Albany Street New York,NY 10280-1409	Diamond Reporting President	06/22/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Evie Safran 24909 Driffield Rd. Beachwood,OH 44122	Red Maple Inn Owner	06/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Deborah Ratner Salzberg 50 Public Square, Suite 1600 Cleveland,OH 44113-2295	RMS Management Partner	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Brett Samsky 8111 Kesbit Ferry Road Atlanta,GA 30350	Compu Credit Corporation Executive	05/31/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Nabil Sanadi 1900 South Ocean Blvd. Pompano Beach,FL 33062	Broward General Medical Center Physician	06/09/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Diana Santa Maria 13061 Parkside Terrace Cooper City,FL 33330-	Self Employed Attorney	06/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,000.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. George G. Saxe 2600 El Camino Real, #206 Palo Alto,CA 94306- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 350.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 350.00
B. Full Name, Mailing Address and Zip Code Mr. John P. Scanlon Hannibal French House Main Street Sag Harbor,NY 11963- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Decision Strategies **Occupation** Public Relations **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 04/24/2000 Earmarked	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Philip Schaefer 1500 Spear Street Tower San Francisco,CA 94105-1015 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Pensions 2000 **Occupation** President **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 250.00
D. Full Name, Mailing Address and Zip Code Mr. Howard Scharlin, Esquire 1399 SW 1st Avenue, 4th Floor Miami,FL 33130 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Mellon Bank Corporation **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Robert Schmel 5858 Heritage Park Way Delray Beach,FL 33484- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Heritage Park of West Delray **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000 Partnership	**Amount of Each Receipt this Period** 1,000.00 MEMO
F. Full Name, Mailing Address and Zip Code Mr. Ivan Schneider 233 Broadway New York,NY 10279- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Lawyer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Ivan Schneider 233 Broadway New York,NY 10279- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Lawyer **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Dr. Robert Schnipper 2001 College St. Jacksonville,FL 32204- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Ophthalmologist	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 250.00
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code Mr. A.R. Schonberg 200 Public Square, 31st Fl. Cleveland,OH 44144- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Management Recruiters Inter. **Occupation** Chairman	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code Ms. Melissa Schulman 9020 Lupine Den Dr. Vienna,VA 22182- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Berger Rockorny, Inc. **Occupation** Vice President	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 250.00
	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code Steven G. Schulman, Esquire 350 E. 82nd St., Apt. 18A New York,NY 10021- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code Steven G. Schulman, Esquire 350 E. 82nd St., Apt. 18A New York,NY 10021- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,500.00	
F. Full Name, Mailing Address and Zip Code Ms. Denise E. Schultz 701 Brickell Key Blvd., #2004 Miami,FL 33131- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Ferrell Schultz Carter et al **Occupation** Attorney	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Ms. Helene S. Schwedelson 7001 Lions Head Lane Boca Raton,FL 33496- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** World Data **Occupation** Marketing	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Peter Sealey 13313 Country Way Los Altos,CA 94022-2435 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Los Altos Group Professor, Consultant	04/24/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Edwin Seave Apt. 5C45, Philadelphian Apts. 2401 Pennsylvania Ave. Philadelphia,PA 19130- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Edwin Seave, LLP Attorney	06/16/2000 Aggregate Year-to-Date -> 250.00	250.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Christopher A. Seeger 325 Morrow Rd. Englewood,NJ 07631- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Seeger Weiss et al Attorney	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Christopher A. Seeger 325 Morrow Rd. Englewood,NJ 07631- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Seeger Weiss et al Attorney	06/30/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Joni Rosen Seeger 325 Morrow Rd. Englewood,NJ 07631- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Homemaker	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Joni Rosen Seeger 325 Morrow Rd. Englewood,NJ 07631- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker	06/30/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Gail D. Serota 10160 SW 57th Court Pinecrest,FL 33156-2079 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Weiss, Serota, & Helfman Attorney	05/10/2000 Aggregate Year-to-Date -> 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Nita Shah 2506 Lake Ellen Dr. Tampa,FL 33618-	**Name of Employer** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Ms. Nita Shah 2506 Lake Ellen Dr. Tampa,FL 33618-	**Name of Employer** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Joel Sharp P.O. Box 112 Orlando,FL 32802-	**Name of Employer** Baker & Hostetler	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. Michael P. Shainson 272 SE 5th Ave. Delray Beach,FL 33483-	**Name of Employer** Fleet Lease Disposal	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Owner		
	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code Hon. Harry L. Shorstein 330 East Bay St. Jacksonville,FL 32202-2982	**Name of Employer** State Attorney's Office	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Ms. Judith Shorstein 2619 Wrightsen Dr. Jacksonville,FL 32223	**Name of Employer** No Employer	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Mark J. Shorstein 11045 Riverport Court Jacksonville,FL 32221-	**Name of Employer** Shorstein & Shorstein P.A.	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** CPA		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,250.00
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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Shorstein 2961 Mandarin Hollow Dr. Jacksonville, FL 32257- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Shorstein & Kelly P.A. Attorney Aggregate Year-to-Date -> 1,000.00	06/06/2000	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alvin Siegal 28950 S. Woodland Rd. Cleveland, OH 44124- Receipt For: [X] Primary [ ] General [ ] Other (specify)	The Leader Mortgage Co Morgage Banker Aggregate Year-to-Date -> 500.00	06/30/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Craig M. Siegler 609 Dauphne Ave. Northbrook, IL 60062- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Investor Aggregate Year-to-Date -> 500.00	06/02/2000	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Benjamin Signer 26600 George Zeiger Dr. #304 Beachwood, OH 44122- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Investor Aggregate Year-to-Date -> 250.00	06/30/2000	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Carlos Silva 236 Valencia Ave. Coral Gables, FL 33134- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Silva & Silva Attorney Aggregate Year-to-Date -> 500.00	06/30/2000	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven Silverman 3673 Cathedral Oaks Pl. S. Jacksonville, FL 32217- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Raven Transport Holdings Attorney Aggregate Year-to-Date -> 500.00	06/08/2000	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Silverman 1248 Wellington Terrace Maitland, FL 32751 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Lake Rowell Family Medical Ctr Physician Aggregate Year-to-Date -> 500.00	06/15/2000	500.00

SUBTOTAL of Receipts This Page (optional)	3,750.00
TOTAL This Period (last page this line number only)	

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Diane Simon 616 West 83rd. St. Indianapolis,IN 46260-	Global Green USA President Emeritus	04/17/2000 Earmarked	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Leonard Simon 1939 Via Casa Alta La Jolla,CA 92037-5731	Milberg, Weiss, Bershad et al Attorney	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Leonard Simon 1939 Via Casa Alta La Jolla,CA 92037-5731	Milberg, Weiss, Bershad et al Attorney	06/30/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Mark Simon 650 Park Ave., Apt 20A New York,NY 10021-	BancBoston, Robertson, Stephen Managing Director	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Richard Simonet 8331 S. Highway A1A Melbourne Beach,FL 32951-	Calmaquip Engineering Corp. Executive	06/15/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Robert Singer 801 Brickell Ave., STE 1501 Miami,FL 33131-	Robert Singer P.A. Attorney	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Barry Sinoff 6960 Bonneval Rd. #202 Jacksonville,FL 32216-6012	Barry S. Sinoff, P.A. Attorney	06/08/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Richard Sisisky 6616 Epping Forest Way North Jacksonville, FL 32217-	**Name of Employer** Parker Vision, Inc.	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** President		
	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. Robert H. Siskin 36 S. Crest Road Chattanooga, AL 37404	**Name of Employer** Rhsiskin & Associates	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Mgt. Consultant		
	Aggregate Year-to-Date ->	600.00	
C. Full Name, Mailing Address and Zip Code Mr. Neal Slamsky 3020 Sorrell Court Fort Lauderdale, FL 33331-3006	**Name of Employer** Merrill Lynch	**Date (month, day, year)** 06/29/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Stockbroker		
	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code Mr. Richard Slawson 2401 PGA Blvd., Suite 140 Palm Beach Gardens, FL 33410-3515	**Name of Employer** Slawson & Cunningham	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code Mr. David Slick 322 John Anderson Drive Ormond Beach, FL 32176	**Name of Employer** Medical Products Inc.	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Businessman		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Dr. Alvin Smith 2032 John Anderson Dr. Ormond Beach, FL 32176	**Name of Employer** Self Employed	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Physician		
	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code Mrs. Harry A. Smith 332 Bunkers Cove Rd. Panama City, FL 32401-3912	**Name of Employer** Homemaker	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Thomas W. Smith 3195 Ponce De Leon Blvd., Suite 300 Coral Gables, FL 33134- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Wometco Enterprises, Inc. **Occupation** Principal **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 04/11/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Todd A. Smith 35 W. Wacker Dr., Ste 3700 Chicago, IL 60601- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Corboy & Demetrio **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/02/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Wilson Smith 200 S. Biscayne Blvd., 40th Floor Miami, FL 33131-2398 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Steel Hector & Davis **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Mr. Yehuda Smolar 101 Marietta Tower, Suite 3410 Atlanta, GA 30303- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Smolar Roseman Brantley etal **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/05/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Ken Smukler 1127 Red Rose Lane Villanova, PA 19085- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Data Systems , Inc. **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Ken Smukler 1127 Red Rose Lane Villanova, PA 19085- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Data Systems , Inc. **Occupation** President **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Fredric Snitzer 8480 SW 116th St. Miami, FL 33156- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Fredric Snitzer Gallery **Occupation** Owner **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Snowline Communications Larry Geisler 40 Monument Rd Suite 103 Bala Cynwyd,PA 19004-1135 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Snowline Communications **Occupation** Executive **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Alan Solomont 220 Ridgeway Road Weston,MA 02193- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Solomont, Bailis Ventures **Occupation** Government Affairs **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Alan Solomont 220 Ridgeway Road Weston,MA 02193- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Solomont, Bailis Ventures **Occupation** Government Affairs **Aggregate Year-to-Date ->** 1,500.00	**Date (month, day, year)** 06/27/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Susan Solomont 220 Ridgeway Road Weston,MA 02193- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/27/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Star Soltan P.O. Box 9791 Rancho Santa Fe,CA 92067-4791 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Star Soltan P.O. Box 9791 Rancho Santa Fe,CA 92067-4791 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Kenneth Sorah 3009 Leila Estelle Drive Plant City,FL 33565- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/11/2000	**Amount of Each Receipt this Period** 250.00

SUBTOTAL of Receipts This Page (optional)	5,230.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alejandro Sosa 2909 Coconut Grove Dr. Coral Gables,FL 33134 Receipt For: [X] Primary [ ] General [ ] Other (specify)	InSource, Inc. President	05/12/2000 Aggregate Year-to-Date -> 250.00	250.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Margaret A. Spagna 601 NW 103rd Avenue Number 453 Pembroke Pines,FL 33026- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Memorial Hospital Nurse	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Peter Spalluto 1620 N. Ocean Blvd #106 Pompano Beach,FL 33062-3451 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Access-Ability Owner	06/29/2000 Aggregate Year-to-Date -> 250.00	250.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Howard Specter 8665 Bay Colony Dr. Naples,FL 34108- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Specter, Specter, Evans et al Attorney	06/07/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Michael Spencer 12 W. 17th St. New York,NY 10011- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Milberg, Weiss, Bershad et al Attorney	06/28/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Michael Spencer 12 W. 17th St. New York,NY 10011- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Milberg, Weiss, Bershad et al Attorney	06/28/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Robert Spiegel 90 Park Ave. New York,NY 10016- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Sands Brothers Sr. Managing Partner	04/19/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Spiegel 90 Park Ave. New York,NY 10016- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Sands Brothers Occupation: Sr. Managing Partner Aggregate Year-to-Date -> 2,000.00	04/19/2000	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas Staed P.O. Box 7219 Daytona Beach Shores,FL 32116- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Staed Family Enterprises Occupation: Moteller Aggregate Year-to-Date -> 1,000.00	05/31/2000	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Staggs 2842 W. Estes Chicago,IL 60645- Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Super Cartage Co. Occupation: Owner Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas Stahl 2033 Forest Dr. Tallahassee,FL 32303 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	FL United Bankers Association Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	06/13/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas Stahl 2033 Forest Dr. Tallahassee,FL 32303 Receipt For: ☒ Primary ☐ General ☐ Other (specify)	FL United Bankers Association Occupation: Attorney Aggregate Year-to-Date -> 1,500.00	06/13/2000	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Stanard 6 Springhill Farms Ct. Hunt Valley,MD 21030-0400 Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Reinsurance Inc. Occupation: Insurance Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Stanard 6 Springhill Farms Ct. Hunt Valley,MD 21030-0400 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Reinsurance Inc. Occupation: Insurance Aggregate Year-to-Date -> 2,000.00	06/30/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Janet Stanard 6 Springhill Farms Ct. Hunt Valley,MD 21030-0400 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	0.00	
B. Full Name, Mailing Address and Zip Code Ms. Janet Stanard 6 Springhill Farms Ct. Hunt Valley,MD 21030-0400 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Mr. Barry Stein 115 W. San Marino Dr. Venetian Island Miami Beach,FL 33139 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Levine Busch et al **Occupation** Attorney	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Mr. David Stein 9009 Regency Square Blvd Jacksonville,FL 32211- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** King Provision, Inc. **Occupation** CEO	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. David Stein 9009 Regency Square Blvd Jacksonville,FL 32211- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** King Provision, Inc. **Occupation** CEO	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	2,000.00	
F. Full Name, Mailing Address and Zip Code Ms. Deanie Stein 1200 River Place Dr. Jacksonville,FL 32207-9046 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 06/15/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Mr. David Stern 16 Overlook Rd. Scarsdale,NY 10583- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** National Basketball Assoc. **Occupation** Director	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Florence Stern 2013 Fisher Island Drive Miami, FL 33109- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mrs. Florence Stern 2013 Fisher Island Drive Miami, FL 33109- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 2,000.00	06/30/2000	1,000.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Dennis Stewart 6429 Ridge Manor Avenue San Diego, CA 92120 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Milberg, Weiss, Bershad et al Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. John Stoia, Jr. 4230 Arista Street San Diego, CA 92103-1055 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Milberg, Weiss, Bershad et al Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. John Stoia, Jr. 4230 Arista Street San Diego, CA 92103-1055 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Milberg, Weiss, Bershad et al Occupation: Attorney Aggregate Year-to-Date -> 2,000.00	06/30/2000	1,000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Helen Stone 27500 Cedar Rd., APT. 205 Beachwood, OH 44122 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 250.00	06/30/2000	250.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Bayard Storey 1919 Brandywine Street Philadelphia, PA 19130-3202 Receipt For: [X] Primary [ ] General [ ] Other (specify)	University Of Pennsylvania Occupation: Retired Professor Aggregate Year-to-Date -> 500.00	06/16/2000	500.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Bruce Strayborn 2125 First St. Suite 200 P.O. Box 1766 Ft. Myers,FL 33902 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Strayborn & Strayborn **Occupation** Attorney **Aggregate Year-to-Date ->** 576.86	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Ms. Marietta Strayborn 11511 Cricket Rd Ext Fort Myers,FL 33905- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Barbra Streisand 2049 Century Park East, Suite 2500 Los Angeles,CA 90067-3127 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Barbra Streisand **Occupation** Entertainer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Steve Strove 5877 NW 42nd Lane Coconut Creek,FL 33073- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Roofing Contractor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Thomas S. Stumb P.O. Box 37212 Nashville,TN 37212- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Biopage.com **Occupation** President **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/24/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Ms. Betty Suarez 102 Riverside Dr., #602 Cocoa,FL 32922-7857 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Betty Suarez 102 Riverside Dr., #602 Cocoa,FL 32922-7857 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,750.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Diego R. Suarez 3690 NW 82nd St. Miami,FL 33147-	Interamerican Transport Executive	05/10/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Haywood Sullivan 60 Seagate Drive #201 Naples,FL 34103-	Retired Retired	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Marc Sullivan 2038 West First St. Suite 100 Fort Myers,FL 33901-	Self-Employed Realtor	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lynn M. Summers 5807 SW 82nd St. South Miami,FL 33143-8213	Homemaker Homemaker	05/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Sally Susman 140 Fifth Ave., 6D New York,NY 10011-	American Express-VP Internatio Public Affairs/Chairman	06/08/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Roselyne Swig 3710 Washington St. San Francisco,CA 94118-	Comcon Community Consultant	04/20/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Howard Talenfeld 7401 Brigantine Lane Parkland,FL 33067	Colodny, Fass & Talenfeld Attorney	04/11/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Michelle Valenfeld 7401 Brigantine Lane Parkland, FL 33067 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 500.00
B. Full Name, Mailing Address and Zip Code Mr. Anthony Tarricone 95 Commercial Wharf Boston, MA 02110- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Sarrouf Tarricone & Fleming PA Occupation: Partner Aggregate Year-to-Date -> 500.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 500.00
C. Full Name, Mailing Address and Zip Code Mr. Dan C. Tate, Sr. 700 - 13th St., NW, Suite 400 Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Cassidy & Associates Occupation: Sr. Vice President Aggregate Year-to-Date -> 500.00	Date (month, day, year): 05/16/2000	Amount of Each Receipt this Period: 500.00
D. Full Name, Mailing Address and Zip Code Mr. Daniel C. Tate, Jr. 4520 Wetherill Rd. Bethesda, MD 20816-1837 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Cassidy & Associates Occupation: Vice President Aggregate Year-to-Date -> 500.00	Date (month, day, year): 05/16/2000	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and Zip Code Ms. Maureen Tate 4820 Florence Avenue Philadelphia, PA 19143-3421 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 06/29/2000	Amount of Each Receipt this Period: 1,000.00
F. Full Name, Mailing Address and Zip Code Dr. Jeffrey Tedder 5015 4th St N Saint Petersburg, FL 33703- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Employed Occupation: Doctor Aggregate Year-to-Date -> 250.00	Date (month, day, year): 06/29/2000	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and Zip Code Mr. Leon Tempelsman 529 Fifth Avenue New York, NY 10017- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 06/30/2000	Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. The Derrick Ford Sutler Derick 5521 Hawthorne Place, NW Washington,DC 20016- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Powell, Godstein, Frazer & Mur Attorney Aggregate Year-to-Date -> 1,000.00	06/06/2000	1,000.00
B. Mr. Kent Thiry 120 Warren Rd. San Mateo,CA 94401-3720 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Total Renal Care Health Care Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
C. Mr. Mike Tho__ P.O. Box 110 Daytona Beach,FL 32115 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed restauranteur Aggregate Year-to-Date -> 250.00	06/21/2000	250.00
D. Mr. Mark Thomann 165 N. Canal St Unit 1422 Chicago,IL 60606- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Development Specialists Inc. Developer Aggregate Year-to-Date -> 1,000.00	06/08/2000	1,000.00
E. Ms. Cynthia Thomas 5356 Amherst Dr. Norcross,GA 30092- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Educator Aggregate Year-to-Date -> 500.00	06/21/2000	500.00
F. Mr. Rick Thomas P.O. Box 606 Tampa,FL 33601- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Thomas Financial Group President Aggregate Year-to-Date -> 1,000.00	06/10/2000	1,000.00
G. Ms. Laurie Thompson 701 Brickell Avenue Miami,FL 33131- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Holland & Knight Attorney Aggregate Year-to-Date -> 250.00	05/10/2000	100.00

SUBTOTAL of Receipts This Page (optional)	4,850.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ms. Irene Thoma 1866 Colonial Dr. Coral Springs,FL 33071-7809 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> 300.00	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Ms. Jane Toll Box 224 Salisbury,PA 18963-0224 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer No Employer Occupation Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Ms. Donna Tornillo 1814 Brickell Ave. Miami,FL 33129- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Executive V.P. Occupation UTD Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Mr. Devin Tower 6 Windsor Dr. Ormond Beach,FL 32174- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Charles Wayne Properties Occupation President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Helen Townsend 710 Rob Roy Place Tampa,FL 33617- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> 300.00	Date (month, day, year) 06/28/2000	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and Zip Code Mr. Al Trafford P.O. Box 1999 Cocoa,FL 32923- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Coldwell Banker Occupation Realtor Aggregate Year-to-Date -> 250.00	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Mr. Alvin S. Trenk P.O. Box 99 Florham Park,NJ 07932- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Continental Choice Care Occupation Chairman Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 04/17/2000 Earmarked	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mario Trumbo 8245 S.W. 47th Terr. Miami,FL 33155-	RCR Coffee Vice President Aggregate Year-to-Date -> 350.00	06/27/2000	150.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Juan Turro 9435 Fontainebleau #112 Miami,FL 33172-	Eurame Group Partner Aggregate Year-to-Date -> 1,000.00	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Michael Udine 6209 W. Commercial Blvd. Fort Lauderdale,FL 33331-	Udine & Udine Attorney Aggregate Year-to-Date -> 250.00	06/26/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Elizabeth Utley P.O. Box 25652 Dallas,TX 75225-	Salado Galleries Owner Aggregate Year-to-Date -> 1,000.00	04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Steven Vandyke 4908 New Providence Ave. Tampa,FL 33629-	Bay Harbour Management Principal Aggregate Year-to-Date -> 1,000.00	04/24/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Catherine Venable 205 S. Hoover Blvd. STE 403 Tampa,FL 33609-	Venable & Venable Attorney Aggregate Year-to-Date -> 1,000.00	06/22/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Catherine Venable 205 S. Hoover Blvd. STE 403 Tampa,FL 33609-	Venable & Venable Attorney Aggregate Year-to-Date -> 2,000.00	06/22/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	5,400.00
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

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Venable 205 S. Hoover #403 Tampa,FL 33609- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Venable & Venable Attorney	06/22/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Venable 205 S. Hoover #403 Tampa,FL 33609- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Venable & Venable Attorney	06/22/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Vincent Versage 211 Duke St. Alexandria,VA 22314 3805 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Cassidy & Associates Exec. Vice President	05/16/2000 Aggregate Year-to-Date -> 250.00	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ronald Villella 311 East Park Ave. Tallahassee,FL 32301 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Smith Bryan & Myers Attorney	06/13/2000 Aggregate Year-to-Date -> 300.00	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Voges PO Box 2860 Daytona Beach,FL 32115 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Root Real Estate Real estate	05/31/2000 Aggregate Year-to-Date -> 250.00	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James Von Thron 4504 Woodmere Rd. Tampa,FL 33609 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Physician	04/28/2000 Aggregate Year-to-Date -> 500.00	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bill Wagner 901 Mariner Way Tampa,FL 33602- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Wagner, Vaughn & McLaughlin Attorney	06/30/2000 Aggregate Year-to-Date -> 1,500.00	500.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
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 Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Marilyn Waldman 300 Chestnut St. San Francisco,CA 94133-	Self Employed Occupation: Freelance Writer	06/02/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Chris Walker 3600 West 80th Street Minneapolis,MN 55431	EW Blanch Occupation: President	06/30/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	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
Mr. William A. Walker, II 2171 Glencoe Rd. Winter Park,FL 32789-	Winderweedle, Haines et al Occupation: Attorney	05/23/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Wallner 325 West End Avenue Apt. 3A New York,NY 10023-8137	Milberg, Weiss, Bershad et al Occupation: Attorney	06/28/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Wallner 325 West End Avenue Apt. 3A New York,NY 10023-8137	Milberg, Weiss, Bershad et al Occupation: Attorney	06/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph Walsh 105 Westminster Dr. North Wales,PA 19454-1218	Healthfusion.com Occupation: Executive	06/16/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	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
Mr. Harold A. Ward, III 2150 Fawcett Rd. Winter Park,FL 32789-	Winderweedle, Haines et al Occupation: Attorney	05/23/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,750.00
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

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)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Albert Ward 6924 Camino Pacheco San Diego,CA 92111 Receipt For: [X] Primary [ ] General [ ] Other (specify)	U.S. Department Of Defense Occupation: Patent Attorney	06/21/2000 EarmarkedMoveOn Aggregate Year-to-Date -> 275.00	100.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709 Receipt For: [ ] Primary [ ] General [ ] 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**
Ms. Dorothy J. Price Warnell 770 S. Palm Ave., #1504 Sarasota,FL 34236- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Occupation: Homemaker	06/28/2000 Aggregate Year-to-Date -> 500.00	250.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Thomas Warren 2057 Florida Ave. Tallahassee,FL 32303-5173 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Employed Occupation: Attorney	06/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Susie Wasdin 200 S. Sykes Creek Parkway, A-710 Merritt Island,FL 32952- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Wasdin Properties Occupation: Developer	05/23/2000 Aggregate Year-to-Date -> 250.00	250.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Joseph Wax 46 Summit St. Philadelphia,PA 19118-2833 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Comcast Occupation: Executive	06/16/2000 Aggregate Year-to-Date -> 500.00	500.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Daniel Webster 347 S Ridgewood Ave. Daytona Beach,FL 32114-4933 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Daniel J. Webster, P.A. Occupation: Attorney	05/31/2000 Aggregate Year-to-Date -> 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	2,350.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson For U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Stephen Weinberg 145 Woodburn Dr. Chagrin Falls,OH 44022- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Steven Weinberg Investing **Occupation** Investment Management **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Frank Weinstein 482 39th Av. East Seattle,WA 98112 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Concord Fabrics, Inc. **Occupation** Consultant **Aggregate Year-to-Date ->** 800.00	**Date (month, day, year)** 06/30/2000 EarmarkedMoveON	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org P.O. Box 9063 Berkeley,CA 94709 **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
D. Full Name, Mailing Address and Zip Code Ms. Eleanor F. Weinstock 525 S. Flagler Dr., #12C West Palm Beach,FL 33401- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 04/24/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Ms. Debra M. Weiss 21 East 87th st., Apt. 6D New York,NY 10128- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Debra M. Weiss 21 East 87th st., Apt. 6D New York,NY 10128- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Melvyn I. Weiss 1 Pennsylvania Plaza New York,NY 10119- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Melvyn I. Weiss 1 Pennsylvania Plaza New York,NY 10119- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Richard E. Weiss 1775 York Ave Apt 23G New York,NY 10128-6911 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Richard H. Weiss 1775 York Ave Apt 23C New York,NY 10128-6911 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Stephen A. Weiss 21 East 87th St., Apt. 6D New York,NY 10128- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Seeger Weiss et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Stephen A. Weiss 21 East 87th St., Apt. 6D New York,NY 10128- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Seeger Weiss et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Robert T. Weissler 625 Sunset Circle Key Biscayne,FL 33149 1726 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Stearns Weaver Miller et al **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/10/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Harvey Weiss 233 Broadway New York,NY 10279- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Lawyer **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,250.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Harvey Weitz 233 Broadway New York,NY 10279- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Damashek, Kleinick, et al. **Occupation** Lawyer **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Barry Weprin 415 Claflin Ave. Mamaroneck,NY 10543-3907 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Barry Weprin 415 Claflin Ave. Mamaroneck,NY 10543-3907 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Milberg, Weiss, Bershad et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Robert B. Wheeler 1795 Middletown Avenue Northford,CT 06472 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Retired **Occupation** Educator **Aggregate Year-to-Date ->** 220.00	**Date (month, day, year)** 06/11/2000	**Amount of Each Receipt this Period** 200.00
E. Full Name, Mailing Address and Zip Code Mrs. Boobe White 353 Oak Dr. Ormond Beach,FL 32176-5709 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Joseph Whitley 93 Delannoy Avenue Cocoa,FL 32922- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Whitley Marine **Occupation** Owner **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Scott Whitley 4115 W Tacon St. Tampa,FL 33629- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Morgan, Colling & Gilbert **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/28/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	4,200.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Wyeth Wiedeman 5708 Trailridge Dr. Austin,TX 78731- Receipt For: [X] Primary [ ] General [ ] Other (specify)	American Airlines / Executive Aggregate Year-to-Date ->	06/02/2000	1,000.00 1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lynn Wiener 2601 S. Bayshore Dr., #1275 Coconut Grove,FL 33133-5413 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date ->	05/10/2000	500.00 500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Sarah Zuckerman Wiener 950 Bayamo Ave. Coral Gables,FL 33146- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Dade County Legal Aid Society / Attorney Aggregate Year-to-Date ->	06/19/2000	250.00 250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. L.E. Wiesenburg 101 Federal Street Boston,MA 02110- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Nixon Peabody / Attorney Aggregate Year-to-Date ->	06/22/2000	250.00 250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wiley, Rein, & Fielding 1776 K Street, N.W. Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Partnership Attribution Listed Individually / Aggregate Year-to-Date ->	06/26/2000	500.00 500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr.James Lewis Wilkes, II 1 North Dale Mabry Hwy, Suite 601 Tampa,FL 33609-2755 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Wilkes & McHugh / Attorney Aggregate Year-to-Date ->	06/30/2000	1,000.00 EarmarkedSearchlight Victory Fund 1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through Search Light Victory Fund 813 Connecticut Ave., NW, Suite 11 Washington,DC 20006 Receipt For: [ ] Primary [ ] General [ ] Other (specify)	 Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER (11a/11i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Wilkes 2413 Bayshore Blvd. #2304 Tampa,FL 33629	Gardner, Wilkes et. al. **Occupation** Attorney	06/30/2000 Florida 2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	**MEMO**

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ernest Williams P.O. Box 1682 Lake City,FL 32056-1682	Retired **Occupation** Retired	06/07/2000	300.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	300.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Janis T. Williams 701 Brickell ave., 33rd Floor Miami,FL 33131-	No Employer **Occupation** Homemaker	06/23/2000	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**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
Mr. Bradley Winston 8211 W. Broward Blvd., Suite 470 Plantation,FL 33324-	Self Employed **Occupation** Attorney	06/30/2000	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**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
Ms. Michele Wiseheart 7210 Old Cutler Rd. Coral Gables,FL 33143-	Homemaker **Occupation** Homemaker	06/27/2000	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**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
Mr. J.D. Nitmeyer 101 Federal Street Boston,MA 02110-	Nixon Peabody **Occupation** Attorney	06/22/2000	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Rebecca Witt 9508 Starlite Dr. Riverview,FL 33569-	Homemaker **Occupation** Homemaker	06/28/2000	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	**Aggregate Year-to-Date ->**	250.00	

SUBTOTAL of Receipts This Page (optional)	2,300.00
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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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Mr. Warren Wolfson 160 Basswood Ln. Chagrin Falls,OH 44022-1078 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Self Employed **Occupation** Nursing Home Industry **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Philip Wolman 160 Casuarina Concourse Coral Gables,FL 33143-6504 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Aranon Corporation, Inc. **Occupation** President **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Ms. Jayne Woods 3721-B West End Ave. Nashville,TN 37205- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** The Woods Group **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Thomas Woolsey 2071 Cezanne Rd. West Palm Beach,FL 33409- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Steel Hector & Davis **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. Ernest J. Wuliger 501 Knights Run Ave., #4108 Tampa,FL 33602- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Unregistered Investment Ad. **Occupation** Investor **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Sandra Wuliger 20 Basswood Lane Chagrin Falls,OH 44022- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Sandra Wuliger 20 Basswood Lane Chagrin Falls,OH 44022- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Romy Yatta 162 Dockside Cir. Weston,FL 33327- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 500.00	06/30/2000	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Leighton Yates, Jr. 3218 S. Osceola Avenue Orlando,FL 32806 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Holland & Knight Attorney Aggregate Year-to-Date -> 1,000.00	06/08/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. C. Steven Yerrid 101 E. Kennedy Boulevard Suite 2760 Tampa,FL 33602- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Yerrid, Knopik, Kreiger, PA Attorney Aggregate Year-to-Date -> 1,000.00	05/10/2000	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Youngquist 15465 Pine Ridge Rd. Fort Myers,FL 33908 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Rock Company Owner Aggregate Year-to-Date -> 1,000.00	06/28/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tim Youngquist 15465 Pine Ridge Road Fort Myers,FL 33908- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Youngquist Brothers Well Driller Aggregate Year-to-Date -> 1,000.00	06/28/2000	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Howard B. Zack 99 Mount Tiburon Tiburon,CA 94920- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Quick ATM Corporation Executive Aggregate Year-to-Date -> 250.00	06/02/2000	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Barry Zeidwig 765 Queens Harbor Blvd. Jacksonville,FL 32225-4906 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Southern Wine & Spirits General Manager Aggregate Year-to-Date -> 1,000.00	06/02/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Eric Zeitlin 730 NW 7th Ave. Boca Raton,FL 33486-	Paradigue Advisory Group Financial Advisor	06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Diane Ziman 2840 Fairway Drive Hollywood,FL 33021-2937	Homemaker Homemaker	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Stanley Ziman 2840 Fairway Dr. Hollywood,FL 33021-2937	Retired Retired	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Charles Zimmerman 1560 Lancaster Terrace Jacksonville,FL 32204-	East Brokers CEO	06/15/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Peter Zinober 1501 Bayshore Blvd. Tampa,FL 33606-	Zinober & McCrea, P.A. Attorney	05/10/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. William Zoske 2937 Braemar Dr. Jacksonville,FL 32257-	Self Employed Investor	06/08/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Joseph T. Zumpano 830 Cremona Coral Gables,FL 33146-2019	Ferrell Schultz Carter et al Attorney	06/23/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	690,689.56

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code ALPA-PAC Mr. Jerry Baker 1625 Massachusetts Ave., NW Washington,DC 20036- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 5,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 2,500.00
B. Full Name, Mailing Address and Zip Code AFGE PAC Matthew C. Marsh 3702 NW 22nd Place Gainesville,FL 32605- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/27/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Amalgamated Transit Union Mr. Oliver Green 5025 Wisconsin Ave., NW Washington,DC 20016-4139 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Amer. Sugarbeet Growers Assn. Ms. Ruthann Geib 1156 - 15th St., NW, #1101 Washington,DC 20005-1704 **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code American Assn of Nurse Anesthetists Ms. Dena Moglia 412 First St., SE, Suite 12 Washington,DC 20003- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 3,000.00	**Date (month, day, year)** 06/19/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code American Federation of Government Employ Mr. Matthew C. Marsh, President 3702 NW 22nd Place Gainesville,FL 32605- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 04/28/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code American Health Care Association 1201 L Street, NW Washington, DC,DC 20005- **Receipt For:** ☒ Primary ☐ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	8,000.00
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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Health Care Association 1201 L Street, NW Washington, DC,DC 20005-	Occupation	06/30/2000	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Health Care Association 1201 L Street, NW Washington, DC,DC 20005-	Occupation	06/30/2000	1,750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hotel & Motel Association Mr. John P. Connore 1201 New York Ave., NW #600 Washington,DC 20005-3931	Occupation	06/14/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Nurses Association PAC Sheila M. Roth, RN, MPP 600 Maryland Avenue, SW Washington,DC 20024-2571	Occupation	06/26/2000	5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	5,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Sugar Cane League P.O. Box 938 Thibodaux,LA 70302-	Occupation	06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Americans for Democratic Action PAC Ms. Katherine C. Kelly 1625 K. St. NW, Suite 210 Washington,DC 20006	Occupation	05/10/2000	4,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	4,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Americans for Free International Trade 112 S. West St., Suite 310 Alexandria,VA 22314-	Occupation	05/10/2000	5,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	5,000.00	

SUBTOTAL of Receipts This Page (optional)	18,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Auction Market Political Action Committe of the Chicago Board of Trade Mr. Thomas R. Donovan Chicago,IL 60604-	**Name of Employer**	**Date (month, day, year)** 06/19/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code BCTGM International Union BCTGM Local 109 c/o John Ehrhardt Orlando,FL 32809-	**Name of Employer**	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Beet Sugar PAC Neil P. Moseman 1156 Fifteenth Street, NW Washington,DC 20005-	**Name of Employer**	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Berger & Associates Public Interest PAC Dan Berger 3220 N. Street, NW, Suite 247 Washington,DC 20007-	**Name of Employer**	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Bracewell & Patterson Hon. Jim Chapman 2000 K Street NW Washington,DC 20006-	**Name of Employer**	**Date (month, day, year)** 04/27/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code Brotherhood of Locomotive Engineers Mr. Leroy D. Jones 1370 Ontario Street Cleveland,OH 44113-1702	**Name of Employer**	**Date (month, day, year)** 04/17/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	2,000.00	
G. Full Name, Mailing Address and Zip Code Brotherhood of Locomotive Engineers Mr. Leroy D. Jones 1370 Ontario Street Cleveland,OH 44113-1702	**Name of Employer**	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	3,000.00	

SUBTOTAL of Receipts This Page (optional)	7,000.00
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

FACP 4 PAGE 13

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code CMS Energy Ms. Mary Jo Kripowicz 1016 16th Street NW Washington,DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Casco Pac The Cassidy Companies, Inc. 700 Thirteenth St., NW, Suite 400 Washington,DC 20005- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 05/11/2000	**Amount of Each Receipt this Period** 338.83
	Occupation	5/11/2000 Event	
	Aggregate Year-to-Date ->	338.83	IN-KIND
C. Full Name, Mailing Address and Zip Code Coastal Employee Action Fund Frank Powell 9 Greenway Plaza Houston,TX 77046- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 06/21/2000	**Amount of Each Receipt this Period** 2,000.00
	Occupation		
	Aggregate Year-to-Date ->	2,000.00	
D. Full Name, Mailing Address and Zip Code Committee for Sam Gibbons 940 South Sterling Ave. Tampa,FL 33629-5127 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 1,000.00
	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Cope US Division Meribeth Heaky 1255 La Quinta Dr. Orlando,FL 32809- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 5,000.00
	Occupation		
	Aggregate Year-to-Date ->	5,000.00	
F. Full Name, Mailing Address and Zip Code Council of Insurance Agents & Brokers Mr. Joel Wood 701 Pennsylvania Avenue, NW., NO. 750 Washington,DC 20004-2608 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 2,500.00
	Occupation		
	Aggregate Year-to-Date ->	2,500.00	
G. Full Name, Mailing Address and Zip Code Delaware Valley PAC Mr. Howard Silverman 121 South Broad St., Suite 500 Philadelphia,PA 19107- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer**	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
	Occupation		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	12,338.83
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Ela Lease PAC Steve Fier 4301 N. Fairfax Drive Arlington,VA 22203- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code PPL PAC Ms. Sue Cramer 700 Universe Blvd. Juno Beach,FL 33408- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Fattah For Congress Hon. Chaka Fattah 7478 Rhoades Street- Suite A Philadelphia,PA 19151- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Fattah For Congress Hon. Chaka Fattah 7478 Rhoades Street- Suite A Philadelphia,PA 19151- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Florida Dental PAC Carol Berkowitz, Esq. 118 E. Jefferson St. Tallahassee,FL 32301- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/13/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Florida Rock Industries, Inc. Mr. Edward L. Baker 155 East 21st St. Jacksonville,FL 32201- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 5,000.00	**Date (month, day, year)** 05/03/2000	**Amount of Each Receipt this Period** 5,000.00
G. Full Name, Mailing Address and Zip Code Florida Sugar Cane League PAC Mr. Dalton Yancey 1301 Pennsylvania Avenue, NW Washington,DC 20004-1729 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	10,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
General Electric Company Mr. Peter D. Powell 1299 Pennsylvania Ave., NW, 1100 West Washington,DC 20004-2407		06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gibson, Dunn & Crutcher 333 S. Grand Ave. 44th Fl Los Angeles,CA 90017-		04/19/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gray, Harris, & Robinson PAC 201 E. Pine St., 1200 Orlando,FL 32801-		06/30/2000	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Great Plains Leadership Fund Mr. Byron D. Dorgan 607 - 14th St., NW, Suite 800 Washington,DC 20005-		06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Handgun Control, Inc Voter Education Fund Ms. Marie Carbone Washington,DC 20005-		06/16/2000	2,500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	7,500.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Heartland PAC David Orlean 110 Terminal Tower Cleveland,OH 44113-		06/30/2000	3,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Holland & Knight Mr. Steve Powell 2100 Pennsylvania Ave., NW, Suite 400 Washington,DC 20037-		06/30/2000	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,500.00	

SUBTOTAL of Receipts This Page (optional)	10,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Int. Union of Operating Engineers Mr. Gary Waters 1425 NW 36th St, Miami,FL 33142- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/23/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Joint Action Committee For Political Affairs Ms. Betsy Shoorr Highland Park,IL 60035- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,261.37	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Lee Steers for Congress Mr. Lee Steers 211 South College Street Franklin,KY 42134- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Lee Steers for Congress Mr. Lee Steers 211 South College Street Franklin,KY 42134- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code MEBA PAF Pat Morris 444 North Capitol Street, NW Washington,DC 20001- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/17/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code MEBA PAF Pat Morris 444 North Capitol Street, NW Washington,DC 20001- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 3,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Maintenance of Way Political League Mr. James Knight 26555 Evergreen Rd., Ste. 200 Southfield,MI 48076-4225 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Maryland Association for Concerned Concerned Citizens PAC James Berg Pikesville,MD 21208-	**Name of Employer**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code MidAmerica Energy Company 660 Grand Ave. P.O. Box 657 Des Moines,IA 50303-0657	**Name of Employer**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Minnesota Power Active Citizens Mr. Bill Libro 30 West Superior Street Duluth,MN 55802-	**Name of Employer**	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code National Emergency Medicine PAC Ms. Debbie Campbell P.O. Box 619911 Dallas,TX 75261-9911	**Name of Employer**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code NRLCA PAC Mr. Ken Parmelee 1630 Duke St., 4th Floor Alexandria,VA 22314-3465	**Name of Employer**	**Date (month, day, year)** 05/23/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Occupation** Earmarked		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code NARFE 606 North Washington Street Alexandria,VA 22314-	**Name of Employer**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 3,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	3,000.00	
G. Full Name, Mailing Address and Zip Code NASW David Dempsey 750 First Street, N.W., Suite 700 Washington,DC 20002-4241	**Name of Employer**	**Date (month, day, year)** 06/26/2000	**Amount of Each Receipt this Period** 2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Occupation**		
	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	10,500.00
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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code National Jewish Democratic PAC Mr. Jason Silverberg 777 N. Capitol St., NE #305 Washington,DC 20002-	**Name of Employer** **Occupation**	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	500.00	
B. Full Name, Mailing Address and Zip Code Nortel Networks PAC Mr. Greg Farmer 801 Pennsylvania Ave., NW, Suite 700 Washington,DC 20004-	**Name of Employer** **Occupation**	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	2,000.00	
C. Full Name, Mailing Address and Zip Code Northern Californians for Good Government 55 Francisco St., 6th FLR. San Francisco,CA 94133-2122	**Name of Employer** **Occupation**	**Date (month, day, year)** 04/20/2000	**Amount of Each Receipt this Period** 3,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	3,000.00	
D. Full Name, Mailing Address and Zip Code Northern States Power Employee Political Interest Committee John O'Donnell Minneapolis,MN 55401-	**Name of Employer** **Occupation**	**Date (month, day, year)** 06/26/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	250.00	
E. Full Name, Mailing Address and Zip Code PIA PAC Hal Marcelais 1390 Timberlane Rd. Tallahassee,FL 32312-	**Name of Employer** **Occupation**	**Date (month, day, year)** 05/18/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
F. Full Name, Mailing Address and Zip Code Partnership For A Better Pennsylvania T. J. Rooney P.O. Box 11511 Harrisburg,PA 17108-	**Name of Employer** **Occupation**	**Date (month, day, year)** 06/16/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	
G. Full Name, Mailing Address and Zip Code Pass PAC Abby H. Bernstein 1130 17th Street, N.W., Suite 702 Washington,DC 20036-	**Name of Employer** **Occupation**	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	**Aggregate Year-to-Date ->**	1,000.00	

SUBTOTAL of Receipts This Page (optional)	8,750.00
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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FOR LINE NUMBER 11(c)

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NAME OF COMMITTER (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Peach PAC Inc. Mr. Stephen R. Leeds 2700 International Tower Atlanta,GA 30303- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/14/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code People For The American Way Voters Alliance 2000 M Street, NW Suite 400 Washington,DC 20036- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/08/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code PowerPac Ms. Sue Cramer Post Office Box 14042 St. Petersburg,FL 33733- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Prism PAC Mr. Herbert W. Brown III P.O.Box 3022006 San Juan,PR 00902-2006 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 05/30/2000	**Amount of Each Receipt this Period** 2,000.00
E. Full Name, Mailing Address and Zip Code Provost & Umphrey Law Firm, LLP P.O. Box 4905 Beaumont,TX 77704-4905 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/01/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Public Service Electric & Gas Co. Ms. Patricia L. Thompson 80 Park Plaza, #4A Newark,NJ 07102- **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 500.00
G. Full Name, Mailing Address and Zip Code Sallie Mae, Inc. PAC Ms. Sara P. Davis 11600 Sallie Mae Dr. Reston,VA 20193- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 05/16/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	7,000.00
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

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Searchlight Leadership Fund Sen. Harry Reid 818 Connecticut Avenue, NW Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/16/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Searchlight Leadership Fund Sen. Harry Reid 818 Connecticut Avenue, NW Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/30/2000	500.00
	Occupation: EarmarkedSearchlight Victory Fund		
	Aggregate Year-to-Date ->	1,500.00	
C. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through Search Light Victory Fund 818 Connecticut Ave., NW, Suite 11 Washington,DC 20006 Receipt For: [ ] Primary [ ] General [ ] Other (specify)			
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code National Committee to Preserve Social Security & Medicare Mr. Max Richman Washington,DC 20002-4215 Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/14/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Solarz for Congress Hon. Steve Solarz 1320 Bellview Road Mc Lean,VA 22102 Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/30/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code SunTrust BankPac Mr. Ken Stafford 3522 Thomasville Road Tallahassee,FL 32308- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/05/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code SunTrust BankPac Mr. Ken Stafford 3522 Thomasville Road Tallahassee,FL 32308- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/15/2000	500.00
	Aggregate Year-to-Date ->	1,500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
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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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code Sunbelt Good Government Committee of Winn Dixie Stores, INC. Randy Hutton Jacksonville,FL 32203- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/06/2000	**Amount of Each Receipt this Period** 2,000.00
B. Full Name, Mailing Address and Zip Code The National PAC Mr. Charles D. Brooks 600 Pennsylvania Ave., SE, Suite 207 Washington,DC 20003- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 5,000.00	**Date (month, day, year)** 05/12/2000	**Amount of Each Receipt this Period** 5,000.00
C. Full Name, Mailing Address and Zip Code The New Democrat Network Simon Rosenberg 501 Capitol Ct., N.E., Ste.200 Washington,DC 20002- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 2,000.00
D. Full Name, Mailing Address and Zip Code The New Democrat Network Simon Rosenberg 501 Capitol Ct., N.E., Ste.200 Washington,DC 20002- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,450.97	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 450.97
E. Full Name, Mailing Address and Zip Code The Prairie Leadership Committee Sen. Tim Johnson 420 C Street NE, Lower Level Washington,DC 20002-5818 **Receipt For:** [ ] Primary [X] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Transport Workers Union Bonny Hall 80 West End Avenue New York,NY 10023- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/26/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code U.A. Political Education Committee Phil Trucks, Jr. 14105 N.W. 58th Court Miami Lakes,FL 33014- **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 06/26/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	12,450.97
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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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UPSPAC Ms. Sheryl Shelby 316 Pennsylvania Ave., SE Washington,DC 20003- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 3,550.00	04/17/2000	2,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UPSPAC Ms. Sheryl Shelby 316 Pennsylvania Ave., SE Washington,DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 6,000.00	04/17/2000	2,450.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UPSPAC Ms. Sheryl Shelby 316 Pennsylvania Ave., SE Washington,DC 20003- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 7,000.00	06/30/2000	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
United Food and Commercial Workers International Union, AFT-CIO/CLC Mr. Ed Chambers Orlando,FL 32809-8511 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,500.00	06/10/2000	2,500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
United Space Alliance PAC Mr. & Mrs. Russ Turner 1150 Gemini Ave. Houston,TX 77058- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00	05/16/2000	2,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Unity PAC P.O. Box 5000 Syracuse,NY 13250- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	06/14/2000	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	/ /	

SUBTOTAL of Receipts This Page (optional)	10,450.00
TOTAL This Period (last page this line number only)	126,989.80

SCHEDULE A **ITEMIZED RECEIPTS**

See explanation schedule(s) for additional summary of this Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Florida 2000 430 S. Capitol St., SE Washington,DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Florida 2000 Aggregate Year-to-Date -> 28,000.00	06/30/2000	20,000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)		/ /	

SUBTOTAL of Receipts This Page (optional)	20,000.00
TOTAL This Period (last page this line number only)	20,000.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER: 14

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee,FL 32312-	TRAVEL Treasurer & Insurance Comm.	05/12/2000	521.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		521.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee,FL 32312-	TRAVEL Treasurer & Insurance Comm.	06/30/2000	500.50
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,021.50
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
		/ /	
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,021.50
TOTAL This Period (last page this line number only)	1,021.50

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

A. Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** INTEREST **Occupation** **Aggregate Year-to-Date ->** 28,325.92	**Date (month, day, year)** 04/28/2000	**Amount of Each Receipt this Period** 9,708.62
B. Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** INTEREST **Occupation** **Aggregate Year-to-Date ->** 39,245.20	**Date (month, day, year)** 05/31/2000	**Amount of Each Receipt this Period** 10,919.28
C. Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926 **Receipt For:** [X] Primary [ ] General [ ] Other (specify)	**Name of Employer** INTEREST **Occupation** **Aggregate Year-to-Date ->** 51,096.74	**Date (month, day, year)** 06/30/2000	**Amount of Each Receipt this Period** 11,851.54
D. Full Name, Mailing Address and Zip Code **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
E. Full Name, Mailing Address and Zip Code **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
F. Full Name, Mailing Address and Zip Code **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**
G. Full Name, Mailing Address and Zip Code **Receipt For:** [ ] Primary [ ] General [ ] Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->**	**Date (month, day, year)** / /	**Amount of Each Receipt this Period**

SUBTOTAL of Receipts This Page (optional)	32,479.44
TOTAL This Period (last page this line number only)	32,479.44

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) 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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARK Restaurants & Catering 3050 K St., NW, Suite 209 Washington, DC 20007-	Event Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	700.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Artcraft Printers, Inc. 119 Century Park Dr. P.O. Box 897 Tallahassee, FL 32302-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	3,814.55
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Artcraft Printers, Inc. 119 Century Park Dr. P.O. Box 897 Tallahassee, FL 32302-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	561.75
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Artcraft Printers, Inc. 119 Century Park Dr. P.O. Box 897 Tallahassee, FL 32302-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	1,955.96
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Assets Consulting Services 110 E. East Broad St. Falls Church, VA 22046-	Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	7,500.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Assets Consulting Services 110 E. East Broad St. Falls Church, VA 22046-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	2,071.68
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Assets Consulting Services 110 E. East Broad St. Falls Church, VA 22046-	Fee/Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	8,028.00

SUBTOTAL of Disbursements This Page (optional)	24,631.94
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

The aggregate amount(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Assets Consulting Services 110 E. East Broad St. Falls Church, VA 22046-	Fee/Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	3,636.91
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101 0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	294.32
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101 0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/02/2000	292.64
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101-0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	293.99
Kathleen Atkins P.O. Box 15940 Tallahassee, FL 32317-	Hospitality Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/12/2000	454.75 IN KIND
Ms. Allison Baker 2725 Connecticut Ave., NW #608 Washington, DC 20008-	March/April Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/24/2000	2,903.22
Ms. Allison Baker 2725 Connecticut Ave., NW #608 Washington, DC 20008-	May Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	1,451.61

SUBTOTAL of Disbursements This Page (optional)	14,327.44
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherif Basta 36667 U.S. 19 North Palm Harbor, FL 34684-	Office Equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/07/2000	800.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Business Communications Inc. 831 N. Monroe St. Tallahassee, FL 32303-	Phone Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	418.19
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Business Communications Inc. 831 N. Monroe St. Tallahassee, FL 32303-	Phone Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	418.19
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Business Communications Inc. 831 N. Monroe St. Tallahassee, FL 32303-	Phone Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	418.19
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cantrell/Cutter Printing, Inc. 1789 Olive St. Capital Heights, MD 20743-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	252.89
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casco Pac The Cassidy Companies, Inc. 700 Thirteenth St., NW, Suite 400 Washington, DC 20005-	5/11/2000 Event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	338.83 IN KIND
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHPA 1348 Timberlane Rd. Tallahassee, FL 32308-	Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	353.92

SUBTOTAL of Disbursements This Page (optional)	3,000.21
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City of Tallahassee 300 South Adams St. Tallahassee, FL 32301- 170	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	181.65
City of Tallahassee 300 South Adams St. Tallahassee, FL 32301- 170	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	136.32
City of Tallahassee 300 South Adams St. Tallahassee, FL 32301- 170	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	314.86
City of Tallahassee 300 South Adams St. Tallahassee, FL 32301- 170	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	389.18
Copy Products Company 1519 NE Capital Circle Tallahassee, FL 32308-	Copier Drum Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	379.85
David and Sherry Davich 1610 Pennsylvania Avenue Winter Park, FL 32789-	Postage reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	82.00
David and Sherry Davich 1610 Pennsylvania Avenue Winter Park, FL 32789-	Supplies Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	29.96

SUBTOTAL of Disbursements This Page (optional)	1,513.82
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Division of Election State of Florida The Capitol Tallahassee, FL 32302-	Filing Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/08/2000	8,202.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ElectroNet Intermedia Consulting 3411 Capital Medical Boulevard Tallahassee, FL 32308-	Web Site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	3,505.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ElectroNet Intermedia Consulting 3411 Capital Medical Boulevard Tallahassee, FL 32308-	Internet Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	155.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ElectroNet Intermedia Consulting 3411 Capital Medical Boulevard Tallahassee, FL 32308-	Internet Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	282.50
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Ferrell 4511 Lake Road Miami, FL 33137-	Event Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/19/2000	870.06 IN KIND
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Flexjet, Inc. 1400 NW 107 Avenue Miami, FL 33172-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/01/2000	1,270.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florida Police Chief Association 920 N. Gadsden St. Tallahassee, FL 32303-	Furniture Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/14/2000	10.00

SUBTOTAL of Disbursements This Page (optional)	12,332.81
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florida Unemployment Caldwell Building Tallahassee, FL 32399-0233	Quarterly Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/26/2000	384.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lisa Fuller 233 Office Plaza Tallahassee, FL 32301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	1,712.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lisa Fuller 233 Office Plaza Tallahassee, FL 32301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	1,712.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lisa Fuller 233 Office Plaza Tallahassee, FL 32301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	1,712.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margaret Gagnon 1647 Eagles Landing Blvd., Apt # 3 Tallahassee, FL 32308-	Expense Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	235.12
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margaret Gagnon 1647 Eagles Landing Blvd., Apt # 3 Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	3,169.75
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margaret Gagnon 1647 Eagles Landing Blvd., Apt # 3 Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	3,169.75

SUBTOTAL of Disbursements This Page (optional)	12,094.62
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margaret Gagnon 1647 Eagles Landing Blvd., Apt # 3 Tallahassee, FL 32308-	Expense Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	12.61
Margaret Gagnon 1647 Eagles Landing Blvd., Apt # 3 Tallahassee, FL 32308-	Payroll/Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	3,408.51
Matthew Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	April Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	1,000.00
Matthew Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	53.73
Matthew Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	Supply Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	7.47
Matthew Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	Fee/Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	1,516.75
Hamilton Beattie & Staff 308 1/2 Center St., 2nd Floor Fernandina Beach, FL 32034-	Research Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	70.70

SUBTOTAL of Disbursements This Page (optional)	6,069.77
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

One report schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hamilton Beattie & Staff 308 1/2 Center St., 2nd Floor Fernandina Beach, FL 32034-	Research Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	21,875.00
Hamilton Beattie & Staff 308 1/2 Center St., 2nd Floor Fernandina Beach, FL 32034-	Research Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	9,242.12
Henegar Center 625 East New Haven Ave. Melbourne, FL 32901-	Auditorium Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	424.00
Michael Henry 1601 40 Eagles Landing Blvd. Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	5,552.99
Michael Henry 1601-40 Eagles Landing Blvd. Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	5,552.99
Michael Henry 1601-40 Eagles Landing Blvd. Tallahassee, FL 32308-	Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	25.67
Michael Henry 1601-40 Eagles Landing Blvd. Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	5,552.99

SUBTOTAL of Disbursements This Page (optional)	48,225.76
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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen High 714 Glenview Dr. Tallahassee, FL 32303-	Production Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	150.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's 3425 Thomasville Rd. Tallahassee, FL 32312	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/2000	199.02
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KMC Telecom P.O. Box 932037 Atlanta, GA 31193-2037	Monthly service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	518.34
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mail Master of Tallahassee, Inc. P.O. Box 189 Tallahassee, FL 32302-	Data Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	80.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berrylin Martin 220 South Lipona Tallahassee, FL 32304	Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/02/2000	39.81
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	1.94
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/06/2000	8.88

SUBTOTAL of Disbursements This Page (optional)	998.24
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/14/2000	6.39
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/24/2000	5.44
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	10.85
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/05/2000	12.67
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit card fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	44.02
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/18/2000	57.78
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/2000	13.93

SUBTOTAL of Disbursements This Page (optional)	151.08
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709 9063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/01/2000	6.60
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/07/2000	8.53
MoveOn,Org P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/21/2000	11.76
National Democratic Club 30 Ivy Street, S.E. Washington, DC 20003-4071	Event Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	233.23
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	1,154.62
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	232.59
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	299.23

SUBTOTAL of Disbursements This Page (optional)	1,946.56
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

FOR LINE NUMBER 17

NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grace Nelson 930 Live Oak Plantation Rd. Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	30.67
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Nan Ellen Nelson 120 Villages at Vanderbilt Nashville, TN 37212-	Reimbursement/Song Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	1,090.08
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Steven R. Pederson 2301 Collins Ave., #1020 Miami Beach, FL 33139-	Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	3,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Steven R. Pederson 2301 Collins Ave., #1020 Miami Beach, FL 33139-	Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	3,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Steven R. Pederson 2301 Collins Ave., #1020 Miami Beach, FL 33139-	Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	3,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beata Pilocki 2793 SW 3rd Place Wakulla Springs, FL 32305-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	1,407.73
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/13/2000	500.00

SUBTOTAL of Disbursements This Page (optional)	12,028.48
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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	612.51
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/2000	560.00
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	300.00
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/19/2000	389.01
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/22/2000	829.25
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/30/2000	328.05
Premiere Technologies, Inc. P.O. Box 14024 Newark, NJ 07198-0024	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	21.73

SUBTOTAL of Disbursements This Page (optional)	3,040.55
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. P.O. Box 14024 Newark, NJ 07198-0024	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	75.11
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Fee/Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	4,189.56
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Fee & Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	4,109.00
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	551.98
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	3,500.00
Samuel Rogers 1741 Marston Place Tallahassee, FL 32312	Hospitality Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/12/2000	434.75 IN KIND
Mr. Roger Scruggs P.O. Box 321054 Cocoa Beach, FL 32932-1054	Production Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/17/2000	106.00

SUBTOTAL of Disbursements This Page (optional)	12,986.40
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Search Light Victory Fund 818 Connecticut Ave., NW, Suite 1100 Washington, DC 20006-	Offset to receipts Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/2000	1,197.53
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shrum, Devine & Donilon, Inc. 2141 Wisconsin Ave., Suite B. Washington, DC 20007-	Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/12/2000	1,949.85
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sonitrol 1136 Thomasville Rd. Tallahassee, FL 32312-	April Monitoring Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	58.85
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sonitrol 1136 Thomasville Rd. Tallahassee, FL 32312-	May Monitoring Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	58.85
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sonitrol 1136 Thomasville Rd. Tallahassee, FL 32312-	June Monitoring Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	58.85
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint Post Office Box 30784 Tampa, FL 33630-3784	850-222-8777 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	331.79
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint Post Office Box 30784 Tampa, FL 33630-3784	Staff Cell Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	66.99

SUBTOTAL of Disbursements This Page (optional)	3,721.66
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint Post Office Box 30784 Tampa, FL 33630-3784	Staff Cell Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	60.77
Sprint Post Office Box 30784 Tampa, FL 33630-3784	850-222-8777 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	344.24
Sprint Post Office Box 30784 Tampa, FL 33630-3784	Staff Cell Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	60.77
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	5,909.37
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/06/2000	6.00

SUBTOTAL of Disbursements This Page (optional)	6,393.15
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/06/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank card fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/10/2000	55.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Fed Unemploy Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	193.60
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	5,451.17
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Cahrge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/02/2000	17.60
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	6.75

SUBTOTAL of Disbursements This Page (optional)	5,696.12
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	1.05
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/15/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/16/2000	85.26
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Cahrge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/19/2000	6.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Card Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	55.00
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	5,451.17
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/12/2000	6.00

SUBTOTAL of Disbursements This Page (optional)	5,610.48
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

FOR LINE NUMBER 17

NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	BankCard Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/12/2000	55.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/12/2000	6.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	bank error Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/2000	0.02
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust BankCard , N.A. P.O. Box 4911 Orlando, FL 32893-4911	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	6,512.62
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amoco Rt. 1, Box 390 Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/03/2000	8.85 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amoco Rt. 1, Box 390 Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/2000	19.62 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	12.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	6,573.64
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/25/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	-12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/13/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/13/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/2000	12.00 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticet Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/2000	12.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/29/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/2000	-12.00 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/10/2000	81.35 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/02/2000	58.81 MEMO
Capitol City Brewing Company 1100 New York Ave. Washington, DC 20002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	27.47 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	147.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/2000	150.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/21/2000	73.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/2000	122.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/29/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	-180.50 MEMO

SUBTOTAL of Disbursements This Page (optional)	
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	180.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/25/2000	345.59 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	180.50 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/23/2000	13.65 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/20/2000	14.16 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/20/2000	11.33 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/06/2000	15.10 MEMO

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

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

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	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/2000	22.15 MEMO
Full Name, Mailing Address and Zip Code Hampton Inns 3210 N. Monroe St. Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/10/2000	Amount of Each Disbursement This Period 86.19 MEMO
Full Name, Mailing Address and Zip Code Hotel Royal Plaza 1905 Hotel Plaza Blvd. Orlando, FL 32830-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/29/2000	Amount of Each Disbursement This Period 129.43 MEMO
Full Name, Mailing Address and Zip Code Kinko's 3425 Thomasville Rd. Tallahassee, FL 32312-	Purpose of Disbursement Copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 260.01 MEMO
Full Name, Mailing Address and Zip Code Kinko's 3425 Thomasville Rd. Tallahassee, FL 32312-	Purpose of Disbursement Copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/19/2000	Amount of Each Disbursement This Period 327.42 MEMO
Full Name, Mailing Address and Zip Code Mail Boxes Etc. 1350 East Tennessee St. Tallahassee, FL 32308-	Purpose of Disbursement Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/09/2000	Amount of Each Disbursement This Period 12.62 MEMO
Full Name, Mailing Address and Zip Code Marriott Hotels 3131 River Rd. Chicago, IL 60624-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/19/2000	Amount of Each Disbursement This Period 133.88 MEMO

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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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
News Library Internet Research Pennsylvania ,	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/2000	1.95 MEMO
News Library Internet Research Pennsylvania ,	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/2000	1.95 MEMO
News Library Internet Research Pennsylvania ,	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/2000	1.95 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/23/2000	-46.00 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/21/2000	38.50 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/20/2000	51.34 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/2000	419.04 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/03/2000	55.39 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pilot Corporation 2209 Highway 71 Marianna, FL 32448-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/03/2000	1.58 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pilot Corporation 2209 Highway 71 Marianna, FL 32448-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/03/2000	18.85 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/2000	379.97 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/2000	11.75 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/2000	660.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/23/2000	8.00 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/20/2000	8.00 MEMO
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/29/2000	8.00 MEMO
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/2000	8.00 MEMO
Sprint Post Office Box 30784 Tampa, FL 33630-3784	Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/02/2000	32.09 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/22/2000	204.50 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/2000	198.00 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/13/2000	369.50 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/07/2000	-147.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/11/2000	Amount of Each Disbursement This Period 347.59 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/28/2000	Amount of Each Disbursement This Period 170.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/29/2000	Amount of Each Disbursement This Period -204.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/25/2000	Amount of Each Disbursement This Period 204.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 02/27/2000	Amount of Each Disbursement This Period 122.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/01/2000	Amount of Each Disbursement This Period 147.50 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Airlines ,	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/2000	264.50 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SunTrust BankCard , N.A. P.O. Box 4911 Orlando, FL 32898-4911	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	8,253.83
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Air 619612 Dallas, TX 75261-9612	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	142.50 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Air 619612 Dallas, TX 75261-9612	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/28/2000	610.50 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Aristotle Publishing 205 Pennsylvania Ave., SE Washington, DC 20003-	Computer Softwear Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/10/2000	5,500.00 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Aristotle Publishing 205 Pennsylvania Ave., SE Washington, DC 20003-	Computer Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/06/2000	1,650.00 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Aristotle Publishing 205 Pennsylvania Ave., SE Washington, DC 20003-	Charge Credit Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	04/24/2000	-5,500.00 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/20/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/31/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/28/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/03/2000	12.00 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/30/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/27/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	12.00 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/14/2000	63.12 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/28/2000	151.55 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	277.50 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Country Inn & Suites 2203 Harrison Ave. Panama City, FL 32405-	Travel Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	04/01/2000	74.90 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 492.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/16/2000	Amount of Each Disbursement This Period -358.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 144.50 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/29/2000	Amount of Each Disbursement This Period -144.50 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/20/2000	Amount of Each Disbursement This Period 822.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/25/2000	Amount of Each Disbursement This Period 154.92 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	358.00 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	13.63 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	15.19 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	13.39 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	63.00 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	16.39 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	15.45 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

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	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/03/2000	12.10 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/30/2000	12.10 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/04/2000	15.45 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/05/2000	12.10 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/23/2000	15.34 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	13.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	13.52 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

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	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/08/2000	13.26 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Flowers by Elinor Doyle 204 S. Adams St. Tallahassee, FL 32301-	Staff Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/31/2000	26.75 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ikon Office Solutions Florida District P.O. Box 905923 Charlotte, NC 28290-5923	Printer Cartridges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	401.00 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Kool Beanz Cafe Thomasville Road Tallahassee, FL 32303-	Staff Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/2000	29.96 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Loews Miami Beach Hotel 1601 Collins Ave. Miami Beach, FL 33139-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/19/2000	455.46 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mandalay Bay Resort 3950 Las Vegas Blvd., south Las Vegas, NV 89119-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/2000	126.35 MEMO
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/07/2000	266.58 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/09/2000	75.20 MEMO
Full Name, Mailing Address and Zip Code Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/13/2000	Amount of Each Disbursement This Period 6.95 MEMO
Full Name, Mailing Address and Zip Code Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/06/2000	Amount of Each Disbursement This Period 666.46 MEMO
Full Name, Mailing Address and Zip Code Ramada Inns 1301 NASA Road One Houston, TX 77058-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 69.03 MEMO
Full Name, Mailing Address and Zip Code Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 03/25/2000	Amount of Each Disbursement This Period 8.00 MEMO
Full Name, Mailing Address and Zip Code Tallahassee Democrat 277 North Magnolia Tallahassee, FL 32301-	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/17/2000	Amount of Each Disbursement This Period 68.46 MEMO
Full Name, Mailing Address and Zip Code Tallahassee Democrat 277 North Magnolia Tallahassee, FL 32301-	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/17/2000	Amount of Each Disbursement This Period 68.46 MEMO

SUBTOTAL of Disbursements This Page (optional)	
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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/27/2000	144.50 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/28/2000	253.00 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/31/2000	509.00 MEMO
United Airlines Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/12/2000	162.50 MEMO
SunTrust BankCard , N.A. P.O. Box 4911 Orlando, FL 32898-4911	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/07/2000	8,168.64
America OnLine P. O. Box 10810 Washington, DC 20270-	Internet Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/25/2000	21.95 MEMO
America OnLine P. O. Box 10810 Washington, DC 20270-	Internet Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/2000	21.95 MEMO

SUBTOTAL of Disbursements This Page (optional)	8,168.64
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Air 619612 Dallas, TX 75261-9612	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	612.50 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/30/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/30/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/14/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/14/2000	12.00 MEMO

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Credit Disbursement for: Primary General Other (specify)	05/17/2000	-12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/12/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/17/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/11/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/10/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/10/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: Primary General Other (specify)	05/10/2000	12.00 MEMO

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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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Ticket Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	12.00 MEMO
BP Oil 202 E. Tennessee St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/15/2000	11.92 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	95.50 MEMO
Dell Computers One Dell Way Round Rock, TX 78682-	Computers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/23/2000	1,917.34 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/14/2000	289.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/14/2000	122.50 MEMO

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	05/17/2000	371.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/12/2000	Amount of Each Disbursement This Period 325.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/10/2000	Amount of Each Disbursement This Period 245.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/11/2000	Amount of Each Disbursement This Period 325.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/30/2000	Amount of Each Disbursement This Period 765.00 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 05/10/2000	Amount of Each Disbursement This Period 314.50 MEMO
Full Name, Mailing Address and Zip Code Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/27/2000	Amount of Each Disbursement This Period 289.00 MEMO

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

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	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	15.22 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/03/2000	13.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/17/2000	36.66 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	15.60 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	18.60 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	27.30 MEMO
Mail Boxes Etc. 1350 East Tennessee St. Tallahassee, FL 32308-	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/07/2000	7.74 MEMO

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marriott Hotels 3151 River Rd. Chicago, IL 60624	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	1.29 MEMO
Marriott Hotels 3151 River Rd. Chicago, IL 60624-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/15/2000	106.88 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/08/2000	253.77 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/16/2000	102.68 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	154.02 MEMO
Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/24/2000	22.25 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32309-	Stamps Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/14/2000	900.00 MEMO

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Radisson Plaza Hotel 60 South Ivanhoe Blvd. Orlando, FL 32804-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/15/2000	85.47 MEMO
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	8.00 MEMO
Sirgany Century Hotel 140 Ocean Dr. Miami, FL 33139-0721	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	1.07 MEMO
Sofitel Hotels 1914 Connecticut Ave., NW Washington, DC 20009-0570	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/2000	4.49 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/21/2000	144.25 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	147.50 MEMO
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/10/2000	204.50 MEMO

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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 Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Willard Inter-Continental 1401 Pennsylvania Ave., NW Washington, DC 20004-1018	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/16/2000	14.68 MEMO
Tallahassee Camera & Image Center 2860 Appalachee Parkway Tallahassee, FL 32301-3698	A/V equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/01/2000	304.95
TELCO Communications Group Post Office Box 105258 Atlanta, GA 30348-5258	January Bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/02/2000	657.83
TELCO Communications Group Post Office Box 105258 Atlanta, GA 30348-5258	February Bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/17/2000	711.38
TELCO Communications Group Post Office Box 105258 Atlanta, GA 30348-5258	March Bill Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/11/2000	904.91
The Florida Council of 100 Suite 560, Bayport Plaza 6200 Courtney Campbell Causeway Tampa, FL 33607-	Hotel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	150.00
Tiani's Cleaning 3659 Matt Wing Tallahassee, FL 32311-	March Cleaning Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/2000	151.05

SUBTOTAL of Disbursements This Page (optional)	2,880.12
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tiani's Cleaning 3659 Matt Wing Tallahassee, FL 32311-	April Cleaning Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	160.50
Tiani's Cleaning 3659 Matt Wing Tallahassee, FL 32311-	May Cleaning Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	160.50
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/28/2000	56.25
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	43.55
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/31/2000	9.70
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		/ /	

SUBTOTAL of Disbursements This Page (optional)	430.50
TOTAL This Period (last page this line number only)	203,045.84

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steven Schulman 350 E. 82nd St., Apt. 18A New York, NY 10021-	Excess Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/30/2000	500.00
Janet Stannard 6 Springhill Farms Ct. Hunt Valley, MD 21030-0400	Excess Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/30/2000	1,000.00
Florence Stern 2013 Fisher Island Drive Miami, FL 33109-	Excess Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/30/2000	1,000.00
Bruce Strayhorn 2125 First St. Suite 200 P.O. Box 1288 Ft. Myers, FL 33902	Excess Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	06/30/2000	423.14
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SUBTOTAL of Disbursements This Page (optional)	2,923.14
TOTAL This Period (last page this line number only)	2,923.14

GARY SISCO
SECRETARY

PAMELA S. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
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United States Senate

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