SECRETARY OF THE SENATE

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

00 DEC 11 PM 11:31

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 10962

CITY, STATE and ZIP CODE

Tallahassee, FL 32302

STATE/DISTRICT

FL

2. FEC IDENTIFICATION NUMBER

C00344051

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)

☐ 12 Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/07/2000 in the State of FL

☐ 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 10/19/2000 through 11/27/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$617,200.00	$3,889,310.58
	(b) Total Contribution Refunds (From Line 20(d))	$8,450.00	$18,623.14
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$608,750.00	$3,870,687.44
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$2,024,032.48	$6,068,768.62
	(b) Total Offsets to Operating Expenditures (from Line 14)	$1,383.37	$5,001.26
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$2,022,649.11	$6,063,767.36
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$47,133.75	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$100,000.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer
Peggy Gagnon

Signature of Treasurer: Peggy Gagnon

Date: 12/6/00

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 4/87)

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: 10/19/2000 To: 11/27/2000

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)	$399,370.00	
(ii) Unitemized	$69,330.00	
(iii)Total of contributions from individual	$468,700.00	$3,123,412.10
(b) Political Party Committees	$450.00	$450.00
(c) Other Political Committees (such as PACs)	$148,050.00	$765,448.48
(d) The Candidate	$0.00	$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	$617,200.00	$3,889,310.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	$24,000.00	$216,000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	$100,000.00	$100,000.00
(b) All Other Loans	$0.00	$0.00
(c) TOTAL LOANS (add 13(a) and (b))	$100,000.00	$100,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$1,383.37	$5,001.26
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$5,879.39	$131,929.30
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$748,462.76	$4,342,241.14
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	$2,024,032.48	$6,068,768.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00
(b) Of All Other Loans	$0.00	$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	$8,450.00	$17,123.14
(b) Political Party Committees	$0.00	$0.00
(c) Other Political Committees (such as PACs)	$0.00	$1,500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)	$8,450.00	$18,623.14
21. OTHER DISBURSEMENTS	$0.00	$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$2,032,482.48	$6,087,391.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$1,331,153.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$748,462.76
25. SUBTOTAL (add Line 23 and Line 24)	$2,079,616.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)	$2,032,482.48
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$47,133.75

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
Dr. Stanley Shapiro 5775 Blue Lagoon Drive Miami,FL 33126-	OHS Occupation: President	11/03/2000	500.00
Receipt For: ☐ 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. Mike Abrams 2110 N.E. 198th Ter. Miami,FL 33179-3134	Kast, Kutter, Haigler et al Occupation: Governmetn Consultant	10/31/2000	1,000.00
Receipt For: ☐ 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. Damodar S. Airan 1429 Alegriano Ave. Coral Gables,FL 33146-	Self Employed Occupation: Investor	11/07/2000	250.00
Receipt For: ☐ 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
Ms. Kathleen Ryan Alvarez 700 S. Alhambra Circle Coral Gables,FL 33146-	Homemaker Occupation: Homemaker	11/03/2000	1,000.00
Receipt For: ☐ 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. Warsha Amin 819 McGuire Ave. Tallahassee,FL 32303-	Leon County Schools Occupation: Teacher	10/26/2000	1,000.00
Receipt For: ☐ 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. Corey Michael Amon 16165 NW 64th Ave., #232 Miami Lakes,FL 33014-	Taplin, Canida Habacht Occupation: Analyst	10/26/2000	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. Carole W. Andereon 4507 Brookwood Dr. Tampa,FL 33629-	Homemaker Occupation: Homemaker	10/19/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,600.00	

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. Gayle Andrews 750 Lupine Lane Tallahassee,FL 32308-	Andrews Plue President	10/21/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Michael P. Andrews 1101 Pennsylvania Ave., NW, Apt. 1000 Washington,DC 20004-	Citigroup Vice President	11/01/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Stanley S. Arkin 857 Fifth Ave., Apt. 16 New York,NY 10021-	Arkin Schaffer & Kaplan LLP Attorney	11/06/2000	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. Daniel J. Arriola 333 University Dr., Apt. 304 Coconut Grove,FL 33134-7257	Self Employed Consultant	11/04/2000	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**
Mr. Eduardo J. Arriola 9859 NW 43rd Terrace Miami,FL 33178-3334	Self Employed Consultant	11/04/2000	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. Joseph Arriola 7855 SW 82nd Court Miami,FL 33143-3837	Avanticase-Hoyt Chairman/CEO	11/04/2000	1,000.00
Receipt For: [ ] Primary [X] 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**
Ms. Lourdes Arriola 7855 SW 82nd Court Miami,FL 33143-3837	Homemaker Homemaker	11/04/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$4,700.00
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. Roxana C. Arsht 415 Old Kennett Rd. Wilmington,DE 19807-	Retired	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	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. Russell Artillo 1897 Sailfish Rd., S. Saint Petersburg,FL 33707-	Morgan, Colling & Gilbert	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 750.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph K. Atterbury 5393 Pennock Point Road Jupiter,FL 33458-	Atterbury Goldberger	10/19/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 750.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Adrianne Babbitt 142 Bowsprit Dr. North Palm Beach,FL 33408-	Homemaker	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Helen Bagen 424 SW 93rd Street Gainesville,FL 32607-	Steven Bagen	10/30/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Assistant	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. William A. Bald 200 N. Forsyth St., #1100 Jacksonville,FL 32202-4308	Dale Bald Showalter et al	10/25/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 600.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Myrna L. Band 4100 Flamingo Ave. Sarasota,FL 34242-	No Employer	10/22/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	Aggregate Year-to-Date -> 450.00	

SUBTOTAL of Receipts This Page (optional)	$3,550.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Myrna L. Band 4100 Flamingo Ave. Sarasota,FL 34242-	No Employer Occupation: Homemaker	11/02/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	650.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. A. Jeffrey Barash 6025 N Bay Road 1140 Kane Concourse Miami Beach,FL 33154-	Barash & Associates, P.A. Occupation: Attorney	11/01/2000	500.00
Receipt For: ☐ 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. Elias S. Barbar 3260 SW 136th Way Davie,FL 33330-	Stanford Financial Group Occupation: Executive	11/01/2000	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. Kelly Barket, Jr. 6760 SW 75th Terrace Miami,FL 33143-	Self Employed Occupation: Investor	11/04/2000	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. Hope Cohen Barnett 2805 Baypointe Circle Tampa,FL 33611-2846	Homemaker Occupation: Homemaker	10/19/2000	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**
Ms. Yvette Barnett 640 Ocean Inlet Dr. Boynton Beach,FL 33435	Norman Taplin Occupation: Legal Secretary	11/04/2000	1,000.00
Receipt For: ☐ 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. F. Gregory Barnhart 236 Miraflores Dr. Palm Beach,FL 33480	Searcy Denny Scarola et al Occupation: Attorney	10/21/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	3,000.00	

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

PAGE 5 OF 102

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. F. Gregory Barnhart 236 Miraflores Dr. Palm Beach,FL 33480	Searcy Denny Scarola et al	10/21/2000	-1,000.00
	Occupation Attorney	REATTRIBUTION	
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 2,000.00		MEMO

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Naimisha Barot 4243 D Northlake Blvd. Palm Beach Gardens,FL 33410-	Homemaker	11/06/2000	1,000.00
	Occupation Homemaker		
Receipt For: ☐ 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. Anne Bartley 3580 Clay St. San Francisco,CA 94118-1839	Self Employed	10/30/2000	500.00
	Occupation Investor	Earmarked	
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. Steven Becker 4401 Sanders St. Hollywood,FL 33021	Southern Wine & Spirits	10/23/2000	1,000.00
	Occupation Sr. Vice President		
Receipt For: ☐ 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
Ms. Evelyn B. Beckwith 2794 Camden Rd. Clearwater,FL 33759-	No Employer	10/23/2000	500.00
	Occupation Homemaker		
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
Dr. Leonard Bellis 7455 Glendevon Lane, #201 Delray Beach,FL 33446-	Retired	11/03/2000	50.00
	Occupation dentist		
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 1,050.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jonathan Beloff Beloff & Schwartz 1111 Lincoln Rd., Suite 400 Miami Beach,FL 33139-	Beloff & Schwartz	10/25/2000	250.00
	Occupation Attorney	Partnership->Beloff & Schwartz	
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 750.00		MEMO

SUBTOTAL of Receipts This Page (optional)	$3,050.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Beloff & Schwartz 1688 Meridian Ave., Suite 610 Miami Beach,FL 33139-	Partnership Attribution Listed Individually See separate listing for partnership		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beloff & Schwartz 1688 Meridian Ave., Suite 610 Miami Beach,FL 33139-	Partnership Attribution Listed Individually	10/25/2000	500.00
Receipt For: ☐ 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. Eliahu Ben-Shmuel 1010 S. State Rd. 7, Suite 201 Hollywood,FL 33023-6736	Swiss Watch International Owner	11/01/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Robert Beskovoyne 886 - 37th St. Orlando,FL 32805-	Martin Federal Credit Union Executive	11/04/2000	50.00
Receipt For: ☐ 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. David R. Best 1201 E. Robinson St. Orlando,FL 32801 2115	Best & Anderson Attorney	10/26/2000	1,000.00
Receipt For: ☐ 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. Stanley Betts 1 John Anderson Dr., #418 Ormond Beach,FL 32176-	Retired Retired	10/25/2000	1,000.00
Receipt For: ☐ 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. Stephen Beyer 11120 NW 26 Drive Coral Springs,FL 33062-	Self Employed Attorney	10/26/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,550.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gitaben Bhakta Days Inn Cocoa 5600 Highway 524 Cocoa,FL 32926-	Days Inn Cocoa	10/26/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Owner	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. Edward M. Bigler 295 Indian Harbour Road Vero Beach,FL 32963-	Retired	10/27/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	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. R. Mason Blake 257 Loggerhead Dr. Melbourne Beach,FL 32951-	Dean Mead Spielvogel et al	11/01/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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
Mr. Lawrence Blaylock P.O. Drawer 310 Homestead,FL 33090-	Blaylock Oil Company	10/28/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Owner	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. Byron Block 1415 E. Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Self Employed	10/30/2000	400.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Businessman	Partnership->Blockland & Finance Co., LTD	
		Aggregate Year-to-Date -> 400.00	MEMO

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blockland & Finance Co., LTD 1415 E. Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Partnership Attribution Listed Individually		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: See separate listing for partnership	Aggregate Year-to-Date ->	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Byron Block 1415 E. Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Self Employed	10/30/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Businessman	Aggregate Year-to-Date -> 600.00	

SUBTOTAL of Receipts This Page (optional)	$2,950.00
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 12(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. Byron Block 1415 E. Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Self Employed	10/30/2000	400.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Businessman	Partnership	>Tung Hill
	Aggregate Year-to-Date -> 1,000.00	Farms Trust	MEMO

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tung Hill Farms Trust 1415 East Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Partnership Attribution Listed Individually		
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation: See separate listing for partnership		
	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. Lawrence Block, Jr. 2139 Palm Beach Lakes Blvd. West Palm Beach,FL 33409	Searcy Denney Scarla et al	11/02/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney		
	Aggregate Year-to-Date -> 2,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Sandra Block 300 Harbor Court Key Biscayne,FL 33149-	Homemaker	11/03/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Homemaker		
	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
Blockland & Finance Co., LTD 1415 E. Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Partnership Attribution Listed Individually	10/30/2000	400.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation:		
	Aggregate Year-to-Date -> 400.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Margery Bloomberg 9992 S.W. 125 Terrace Miami,FL 33176	Homemaker	10/28/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Homemaker		
	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. Mitchell Bloomberg 9992 S.W. 125 Terrace Miami,FL 33176	Adorno & Zeder	10/28/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney		
	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)	$3,400.00
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: 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
Ms. Brandilyn D. Bogar 1016 Sanibel Dr. Hollywood,FL 33019-	Homemaker Occupation: Homemaker	11/01/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Nancy C. Boggio 2937 SW 27th Ave., Suite 303 Miami,FL 33133-3772	Homemaker Occupation: Homemaker	10/23/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 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. David Bonderman 301 Commerce St., Suite 3300 Fort Worth,TX 76102-	Texas Pacific Group Occupation: Investor	10/30/2000	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. Richard Booth 171 Rockside Cir. Weston,FL 33327-1101	Southern Wine & Spirits Occupation: General Manager	10/23/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Welby Boughton 33873 S. Banana River Blvd. Cocoa Beach,FL 32931-4199	Self Employed Occupation: Computers	11/13/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Boyd for Congress Hon. Allen Boyd P.O. Box 15703 Tallahassee,FL 32317-	U.S. Government Occupation: U. S. Congressmen	10/31/2000	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. Katherine L. Boyer 4301 Gulf Shore Blvd. N., # 1801 Naples,FL 34103-	Retired Occupation: Retired	10/27/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 350.00		

SUBTOTAL of Receipts This Page (optional)	$5,600.00
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

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. 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 ->** 500.00	**Date (month, day, year)** 10/26/2000	**Amount of Each Receipt this Period** 250.00
B. Full Name, Mailing Address and Zip Code Ms. Susan Brodnan 1531 N. Indian River Dr. Cocoa,FL 32922-6945 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Rebecras of Merritt Island **Occupation** Owner **Aggregate Year-to-Date ->** 1,250.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 250.00
C. Full Name, Mailing Address and Zip Code Mr. Lawrence J. Broh-Kahn 9516 Everglades Park Lane Boca Raton,FL 33428-2937 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Trade Winds Design Co. **Occupation** Supervisor **Aggregate Year-to-Date ->** 225.00	**Date (month, day, year)** 10/31/2000 BarmarkedMoveOn	**Amount of Each Receipt this Period** 25.00
D. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC 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 Ms. Joanie Bronfman 1791 Beacon St., #517 Brookline,MA 02445- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Consultant **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/02/2000	**Amount of Each Receipt this Period** 500.00
F. Full Name, Mailing Address and Zip Code Mr. Charles E. Brooks 801 N. Magnolia Ave., Suite 401 Orlando,FL 32801 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** C.E. Brooks Investments Inc. **Occupation** Real estate **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Howard Brous c/o Yvette Barnett 640 Ocean Inlet Drive Boynton Beach,FL 33435- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Info Requested **Occupation** Info Requested **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	$3,025.00
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. John W. Brown 6464 Liteolier Portage,MI 49024-	Stryker Corporation Chairman	11/04/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Pamela Brown 1005 Symphony Isles Blvd. Apollo Beach,FL 33572-	No Employer Homemaker	11/01/2000	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. Thomas J. Brown 1005 Symphony Isles Blvd. Apollo Beach,FL 33572	Paramount Financial Group, Inc President	11/01/2000	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. Stephen R. Bruce 805 - 15th st., NW, Suite 210 Washington,DC 20005-2271	Self Employed Attorney	11/01/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Cecilia Bryant 4339 Ortega Forest Dr. Jacksonville,FL 32210-5816	Self Employed Attorney	11/01/2000	250.00
Receipt For: [ ] Primary [X] 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. Gerald Bryant 2545 Noble Dr. Tallahassee,FL 32312-	Retired Retired	10/28/2000	250.00
Receipt For: [ ] Primary [X] 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. Jean G. Bryant 2545 Noble Dr. Tallahassee,FL 32312-	Florida State University Professor	10/28/2000	250.00
Receipt For: [ ] Primary [X] 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)	

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. Elliott Buchman 201 W. Laurel Street, #1008 Tampa,FL 33602-	Self Employed Occupation: Investor	10/19/2000	500.00
Receipt For: ☐ 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
Ms. Jean Burke 3360 Ocean Shore Blvd., Unit 302A Ormond Beach,FL 32176-	Homemaker Occupation: Homemaker	10/19/2000	25.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	175.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Jean Burke 3360 Ocean Shore Blvd., Unit 302A Ormond Beach,FL 32176-	Homemaker Occupation: Homemaker	10/21/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	275.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Guy Burnette, Jr. 1725 Evening Breeze Lane Tallahassee,FL 32312	Butler Burnette & Pappas Occupation: Attorney	10/26/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	750.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Angela A. Burstyn 1631 N. 28th St. Miami Beach,FL 33140-	No Employer Occupation: Homemaker	10/31/2000	1,000.00
Receipt For: ☐ 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. Samuel I. Burstyn 1 Biscayne Tower, Suite 2600 Miami,FL 33131-	Self Employed Occupation: Attorney	10/31/2000	1,000.00
Receipt For: ☐ 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. Robert Burton 18060 Perigon Way Jupiter,FL 33458-	Self Employed Occupation: Court Reporter	10/25/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	$3,375.00
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. Gabriel M. Bustamante 1210 Placetas Ave/ Coral Gables,FL 33146-	Name of Employer BusLaMante Nomex Company Occupation Executive	Date (month, day, year) 11/04/2000	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Mr. John Buttrey 211 Piney Woods Road Apopka,FL 32703-	Name of Employer Bishop & Buttrey, Inc. Occupation President	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Ms. Beverly W. Byrne 1449 Bayshore Dr. Niceville,FL 32578-3401	Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. Patrick E. Byrne, II 1449 Bayshore Dr. Niceville,FL 32578-3401	Name of Employer Self Employed Occupation Land Developer	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mr. Ronald Cacciatore 100 North Tampa St., Suite 2835 Tampa,FL 33602-	Name of Employer Ronald K. Cacciatore, P.A. Occupation Attorney	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Ms. Tere Canida 7125 Lago Dr., W. Coral Gables,FL 33143-6511	Name of Employer Taplin, Canida Habacht Occupation investment advisor	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. William J. Canida 7125 Lago Dr., W. Coral Gables,FL 33143-6511	Name of Employer Taplin, Canida Habacht Occupation investment advisor	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	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)

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. Joseph Capitano P.O. Box 5238 Tampa,FL 33675-5238	Radiant Oil Occupation: President	10/19/2000	500.00
Receipt For: ☐ 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. Cary Carlisle 1745 W. Leonard St. Pensacola,FL 32501-1131	Cary Carlisle Bail Bonds Occupation: bail bonds	11/01/2000	500.00
Receipt For: ☐ 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
Honorable Doyle B. Carlton Post Office Box 385 Wauchula,FL 33873-	Self Employed Occupation: Agribusiness	10/25/2000	250.00
Receipt For: ☐ 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
Hon. Fran Carlton 1250 Henry Balch Drive Orlando,FL 32810-	Retired Occupation: Retired	10/20/2000	400.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hon. Elizabeth Castor 1298 Millstream Tallahassee,FL 32312	National Teacher Certification Occupation: Executive Director	10/26/2000	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. Derek Chang 231 B. Creek Dr. Menlo Park,CA 94025-3637	GlobalCenter Occupation: Chief Financial Officer	10/24/2000	1,000.00
Receipt For: ☐ 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. Harvey Chaplin 1600 NW 163rd. St. Miami,FL 33169-	Southern Wine & Spirits Occupation: CEO	10/23/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,000.00	

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

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. Wayne Chaplin 54 La Gorce Cir. Miami Beach,FL 33141-4523	Southern Wine & Spirits Occupation: Executive	10/23/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Mrs. Rhea Chiles 7193 Ox Bow Circle Tallahassee,FL 32312-	No Employer Occupation: Retired	10/24/2000	1,000.00
Receipt For: ☐ 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
Citizens for Tony Hall Hon. Tony Hall P.O. Box E, Mid City Station Dayton,OH 45402-	U.S. Government Occupation: Congressman	11/02/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Mark W. Clark 5615 South Flagler Dr. West Palm Beach,FL 33405-	Lytal & Reiter Occupation: Attorney	10/19/2000	1,000.00
Receipt For: ☐ 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
Dr. Patricia L. Clements 833 Lake Ridge Rd. Tallahassee,FL 32312-1003	Self Employed Occupation: Author	10/31/2000	1,000.00
Receipt For: ☐ 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
Ms. Laura Clouden 11596 - 94th St., North Largo,FL 33773-4637	Homemaker Occupation: Homemaker	10/22/2000	1,000.00
Receipt For: ☐ 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. Patrick J. Clouden 11596 - 94th St., North Largo,FL 33773-4637	Cas of America Occupation: Executive	10/22/2000	1,000.00
Receipt For: ☐ 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**

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. Thomas C. Cobb 1399 SW First Ave. Miami,FL 33130-	Cobb and Evans Occupation: Attorney	11/04/2000	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Mr. Mark J. Coleman 1028 Chestnut St. San Francisco,CA 94109-	GlobalCenter Occupation: General Counsel	10/24/2000	1,000.00
Receipt For: ☐ 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. Jay T. Comeaux 2211 Augusta Dr., No. 18 Houston,TX 77057-	Stanford Financial Group Occupation: President	11/06/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jay T. Comeaux 2211 Augusta Dr., No. 18 Houston,TX 77057-	Stanford Financial Group Occupation: President	11/06/2000	1,000.00
Receipt For: ☐ 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. V. Taya Cone 5507 Wendy Lane East West Palm Beach,FL 33411-	The Cone Law Firm Occupation: Attorney	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ 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. Richard A. Connor, Jr. 3636 Harlock Rd. Melbourne,FL 32934-	Self Employed Occupation: Investor	10/23/2000	1,000.00
Receipt For: ☐ 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. Steven W. Cook 815 Club Hills Dr. Eustis,FL 32726-	Cert. Reg. Nurses Assn. Occupation: Nurse Anesthetist	10/26/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	

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

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. Mark Cooper 625 E. Dilido Dr. Miami Beach,FL 33139-1237	Colson Hicks Eidson, et al	10/20/2000	500.00
Receipt For: ☐ 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. Dennis Coyle 405 Eagleton Cove Way Palm Beach Gardens,FL 33418-	Florida Power and Light	11/02/2000	500.00
Receipt For: ☐ 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
Mr. John Cressman 486 Bienterra Trail, #14 Rockford,IL 61107-	Cressman & Associates	10/24/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Managing Partner	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 Crockett 6704 Central Ave. Tampa,FL 33604-	Retired	10/22/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	Aggregate Year-to-Date ->	400.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Joel S. Cronin P.O. Box 21349 West Palm Beach,FL 33416-	Self Employed	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Physician	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
Ms. Agnes M. Cullinane 91 Common St. Dedham,MA 02026-	Black & White Boston	11/02/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: President	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. James A. Cummings 3055 Harbour Dr., Apt. 1001 Fort Lauderdale,FL 33316-2462	James A. Cummings, Inc.	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: President	Aggregate Year-to-Date ->	1,000.00

SUBTOTAL of Receipts This Page (optional)	$5,100.00
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

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. Fred A. Cunningham 143 Lighthouse Dr. North Palm Beach,FL 33408-	Self Employed Occupation Consultant	10/19/2000	1,000.00
Receipt For: ☐ 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
Mr. and Mrs. Irving Cypen Post Office Box 402099 Miami Beach,FL 33140-	Cypen & Cypen Occupation Attorney	10/20/2000	250.00
Receipt For: ☐ 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. Robert E. Dady 8440 SW 143rd St. Miami,FL 33158-	Fieldstone Lester & Shear Occupation Attorney	11/02/2000	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. Alvin Davis 200 S. Biscayne Blvd. Miami,FL 33131 2398	Steele, Hector, Davis Occupation Attorney	11/03/2000	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
Mr. James Davis 5050 West Heimer Houston,TX 77056-	Stanford Financial Group Occupation Chief Financial Officer	11/02/2000	1,000.00
Receipt For: ☐ 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
Ms. Lori Davis 5050 West Heimer Houston,TX 77056-	Homemaker Occupation Homemaker	11/02/2000	1,000.00
Receipt For: ☐ 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
Dr. Lyn Davis 605 Burnham Road Philadelphia,PA 19119-	University Of Pennsylvania Occupation Faculty	11/01/2000 Earmarked	500.00
Receipt For: ☐ 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)

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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
Above Contribution Earmarked Through Joint Action Comm. for Pol. Affairs PA P.O. Box 105 Highland Park,IL 60035			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		
B. Full Name, Mailing Address and Zip Code Mr. Carlos De La Cruz, Jr. 5 Harbor Point Key Biscayne,FL 33149-	Name of Employer: Eagle Brands, Inc. Occupation: Distributor	11/06/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code Ms. Rosa R. De La Cruz 5 Harbor Point Key Biscayne,FL 33149-	Name of Employer: Homemaker Occupation: Homemaker	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. Miguel M. De La O 2300 SW 26th St. Miami,FL 33133-	Name of Employer: De La O & Marko PA Occupation: Attorney	10/31/2000	750.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	750.00	
E. Full Name, Mailing Address and Zip Code Ms. Lynne Dean 3143 Brockton Tallahassee,FL 32312-	Name of Employer: State of Florida Occupation: Administrator	10/20/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Ms. Leslie E. Deehl 1037 Malaga Ave. Coral Gables,FL 33134-	Name of Employer: Homemaker Occupation: Homemaker	10/23/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Ms. Harriet C. Dennis 1370 Shagbark Dr. Des Plaines,IL 60018-1656	Name of Employer: Retired Occupation: Retired	10/27/2000	250.00
Receipt For: ☐ 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 Mr. Thomas J. Dennis, Sr. 209 - 10th Street, SE Washington,DC 20003-2118 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Dennis & Associates **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/10/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Deborah A. Dentry 10700 Avenue of PGA Palm Beach Gardens,FL 33418- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Accountsability Plus Inc. **Occupation** President **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Ms. Louise Depew 641 Forest Lair Tallahassee,FL 32312- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Jeffrey Deutch 4550 NW 24th Terr Boca Raton,FL 33431- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Broad & Cassel **Occupation** Attorney **Aggregate Year-to-Date ->** 450.00	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 200.00
E. Full Name, Mailing Address and Zip Code Ms. Swanee DiMare P. O. Box 900460 Homestead,FL 33090-0460 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/31/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Mel Dick 1600 N.W. 163rd St. Miami,FL 33169-3562 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Southern Wine & Spirits **Occupation** Sr. Vice President **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 10/23/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Ms. Carol P. Dickinson 3747 S. 1st St. Jacksonville Beach,FL 32250- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** No Employer **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 10/31/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	$4,700.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Dickinson 3747 South 1st Street Jacksonville,FL 32250	Malfituno, Campbell & Dickinso	10/31/2000	500.00
Receipt For: [ ] Primary [X] 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. Alan T. Dimond 7420 SW 49 Court Miami,FL 33143-	Self Employed	11/06/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Stephen Robert Donaldson 20351 Peachtree Lane Dade City,FL 33523-	Info Requested	11/03/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Info Requested	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. William J. Donner 33 S.W. 2nd Ave. Miami,FL 33130-	Self Employed	11/07/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Lawyer	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. John C. Donovan 223 E. Government St. Pensacola,FL 32501-	Self Employed	10/30/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Realtor	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
Mr. Dexter Douglas 211 East Call Limited Partnership P.O. Box 1674 Tallahassee,FL 32302	East Call Limited Partnership	10/23/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: General Partner	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. Bertis S. Downs, IV 179 College Ave. Athens,GA 30601-	University of Georgia	10/23/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Professor	Aggregate Year-to-Date -> 250.00	

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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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. Mary K. Drekslar 295 Highway A1A, #301 Satellite Beach,FL 32937- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date -> 350.00	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and Zip Code Ms. Mary N. Drekslar 295 Highway A1A, #301 Satellite Beach,FL 32937- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date -> 400.00	Date (month, day, year) 10/31/2000 EarmarkedMoveOn	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC 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 Mr. Eddie Dugger 1615 NW 57th St. Gainesville,FL 32605- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Self Employed Occupation Businessman Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Mr. Thomas Engan 4620 Santa Maria Coral Gables,FL 33146- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Steele, Hector & Davis Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Mr. Lloyd Ecclestone P.O. Box 3267 West Palm Beach,FL 33402- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Lakeview Investment Partnershi Occupation Real estate Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/28/2000 Partnership->Lakeview Investment Partnership	Amount of Each Receipt this Period 1,000.00 MEMO
G. Full Name, Mailing Address and Zip Code Lakeview Investment Partnership Mr. Lloyd Ecclestone P.O. Box 3267 West Palm Beach,FL 33402- 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

SUBTOTAL of Receipts This Page (optional)	$1,100.00
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

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. Oddie Eddins 1910 Orient Rd. Tampa,FL 33619-	Roche Surety & Casualty Co.	11/01/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Bail Bondsman	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. Travis Eddins 1910 Orient Rd. Tampa,FL 33619-	Self Employed	11/01/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Investor	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
Dr. Robert Edelstein 265 NW 119th Lane Coral Springs,FL 33071-	Self Employed	10/28/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Doctor	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
Ms. Martha Edenfield 3682 Bobbin Brook Cir. P.O. Box 10095 Tallahassee,FL 32312	Pennington, Moore, Wilkinson	10/20/2000	50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 550.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lewis S. Eidson 355 Solando Prado Coral Gables,FL 33156-	Colson Hicks Eidson, et al	10/20/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	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. Philip D. Elliott, Jr. 435 Ocean Shore Blvd. Ormond Beach,FL 32176-	Self Employed	10/26/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	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. Marc D. Emory 5933 St. Andrews Drive Dallas,TX 75205	Heritage Capital Corporation	10/26/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Numismatist	Aggregate Year-to-Date -> 450.00	

SUBTOTAL of Receipts This Page (optional)	$2,750.00
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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas Equels 2821 Marqueese Ct. Windermere,FL 34786 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Holtzman,Krinzman,Equels,Furia / Attorney Aggregate Year-to-Date -> 1,125.00	10/26/2000	625.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Howard S. Erlich 2300 W. Sample Road, Suite 215 Pompano Beach,FL 33073- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed / Attorney Aggregate Year-to-Date -> 500.00	10/19/2000	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Shannon A. Estenoz 424 Farmington Drive Plantation,FL 33317- Receipt For: [ ] Primary [X] General [ ] Other (specify)	World Wildlife Fund / Director Aggregate Year-to-Date -> 350.00	10/25/2000	100.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Estenson 7 Court Of Island Point Northbrook,IL 60062 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Fujisawa Healthcare / Manager Aggregate Year-to-Date -> 500.00	10/21/2000	500.00 EarmarkedMoveOn
E. 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 PAC P.O. Box 9063 Berkeley,CA 94709 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
Ms. Frances M. Evans 970 Buttercup Terrace Deltona,FL 32725-7460 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Retired / Retired Aggregate Year-to-Date -> 200.00	10/25/2000	50.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Frances M. Evans 970 Buttercup Terrace Deltona,FL 32725 7460 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Retired / Retired Aggregate Year-to-Date -> 250.00	11/03/2000	50.00

SUBTOTAL of Receipts This Page (optional)	$1,825.00
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. Lawrence W. Evans P.O. Box 25789 Sarasota,FL 34277-2789	Self Employed Occupation Investor	10/20/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Feldman 3000 Rio Mar Street, #401 Fort Lauderdale,FL 33304-	Retired Occupation Retired	10/29/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Eleanor Fenton 36 Eagle Ridge Road Saint Paul,MN 55127-	Retired Occupation Retired	10/23/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Mrs. Louise Ferguson 5400 Interbay Blvd. Tampa,FL 33611-4785	Retired Occupation Retired	10/19/2000	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. Karelia Barbara Fernandez c/o Mr. Al Maloof 261 Navarre Ave., Suite 301 Coral Gables,FL 33134-4400	Caldwell Banker Occupation Real estate	10/26/2000	1,000.00
Receipt For: ☐ 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. Sergio R. Fernandez 6180 SW 96th Ave. Miami,FL 33173-	Self Employed Occupation Investor	11/04/2000	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Ms. Mary J. Figg 18406 Timberlan Dr. Lutz,FL 33549-	University of South Florida Occupation Faculty Administrator	10/20/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	$3,200.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Larry E. Fink 46 Misty Meadow Dr. Boynton Beach,FL 33436-	So. Fla. Water Mgmt. District	10/21/2000	50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Env. Chemist	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. Marc Finkelstein 7805 SW 6th Court Plantation,FL 33324-	Self Employed	11/01/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	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. Alejandro Fiol 3815 Palmira St. Tampa,FL 33629-	Morgan, Colling & Gilbert	11/03/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	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. Craig D. Fischer 330 West 58th St., Apt. 14D New York,NY 10019-	Info Requested	10/26/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Info Requested	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. Waldo Fisher 1717 NW 23rd Ave., Apt. 1-C Gainesville,FL 32605-	Retired	10/19/2000	50.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Retired	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
Mr. Charles Fistel 1200 S. Pine Island Rd. Plantation,FL 33324-	Unisyn	11/03/2000	125.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Executive	Aggregate Year-to-Date -> 125.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Charles Fistel 1200 S. Pine Island Rd. Plantation,FL 33324-	Unisyn	11/03/2000	125.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Executive	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)	$1,850.00
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 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. Charles Fistel 1200 S. Pine Island Rd. Plantation,FL 33324- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Unisyn **Occupation** Executive **Aggregate Year-to-Date ->** 375.00	**Date (month, day, year)** 11/03/2000	**Amount of Each Receipt this Period** 125.00
B. Full Name, Mailing Address and Zip Code Mr. Charles Fistel 1200 S. Pine Island Rd. Plantation,FL 33324- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Unisyn **Occupation** Executive **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/03/2000	**Amount of Each Receipt this Period** 125.00
C. Full Name, Mailing Address and Zip Code Mr. J. Michael Fitzgerald 888 Tanglewood Rd. Charlottesville,VA 22901- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Fitzgerald & Pfundstein **Occupation** Attorney **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/30/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Kim F. Floyd 880 West First St. #406 Los Angeles,CA 90012 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 11/01/2000 EarmarkedMove On	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through: MoveOn.Org PAC 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 Ms. Rose Ann Flynn 2960 Oak Tree Dr. Fort Lauderdale,FL 33309- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Purdy & Flynn, P.A. **Occupation** Attorney **Aggregate Year-to-Date ->** 550.00	**Date (month, day, year)** 10/26/2000	**Amount of Each Receipt this Period** 50.00
G. Full Name, Mailing Address and Zip Code Mr. Todd Foster 2415 Huntington Blvd. Safety Harbor,FL 34695- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Cohen, Jayson & Foster **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 500.00

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)

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. Donald Fountain, Jr. 107 Flagler Promenade South West Palm Beach,FL 33405-	Lytal & Reiter Occupation Attorney	10/19/2000	500.00
Receipt For: ☐ 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
Ms. Diane Fourton 110 N. Milam, PMB. 203 Fredericksburg,TX 78624-	Retired Occupation Retired	10/21/2000	500.00
Receipt For: ☐ 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
Mr. Stephen Frank 780 Lago Ave. Coral Gables,FL 33156-	Stephen Frank Assoc. Occupation Real Estate Broker	11/02/2000	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
Ms. Bess Elaine Franklin 4445 Highgrove Point NE Atlanta,GA 30319-	Homemaker Occupation Homemaker	10/23/2000	1,000.00
Receipt For: ☐ 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. Janet M. Frazer-Smith 6372 Palma Del Mar Blvd., #508 Saint Petersburg,FL 33715	Self Employed Occupation Consultant	11/06/2000	250.00
Receipt For: ☐ 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
Mr. Robert R. Friedman 2275 Summit Dr. Hillsborough,CA 94010-	Retired Occupation Retired	10/19/2000	1,000.00
Receipt For: ☐ 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
Friends of Bud Cramer Hon. Bud Cramer P. O. Box 2621 Huntsville,AL 35804-	U.S. Government Occupation Congressman	10/31/2000	1,000.00
Receipt For: ☐ 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
Friends of Chris Dodd, 2004 Hon. Chris Dodd P.O. Box 270701 W Hartford,CT 06127-	U.S. Government	11/01/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Member of Congress	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. David W. Frisbie 400 Clematis Street West Palm Beach,FL 33401-	Rennissance Partners	11/02/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Developer	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. Gustavo Fuentes 2121 Ponce De Leon Blvd. Coral Gables,FL 33134-	Gustavo E. Fuentes, P.A.	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James C. Fulton 1711 Bayshore Drive Cocoa Beach,FL 32931-2313	Retired	10/21/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	Aggregate Year-to-Date -> 350.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Arthur Furia The Grand Penthouse C-57 1717 N. Bayshore Drive Miami,FL 33132-	Holtzman,Krinsman,Spiels ,Furia	10/26/2000	625.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,125.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Katherine A. Gagiardi 10474 Red Coach St. Spring Hill,FL 34608-	Homemaker	11/02/2000	1,000.00
Receipt For: ☐ Primary ☒ 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. Joseph Garcia 101 East Kennedy Blvd., #2560 Tampa,FL 33602-	Self Employed	10/22/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	$5,225.00
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. Michael I. Garnett 8907 SE Sandy Lane Hobe Sound,FL 33455-4648	Self Employed Occupation Software Developer	11/04/2000	500.00
Receipt For: ☐ 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. David M. Gaspari 18445 SE Lakeside Ddr. Tequesta,FL 33469-	Lytal & Reiter Occupation Attorney	10/19/2000	250.00
Receipt For: ☐ 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. Byron H. Gerson 30285 Woodside Court Franklin,MI 48025-	Retired Occupation Retired	10/26/2000	250.00
Receipt For: ☐ 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
Mr. Ira Gerstein 2405 Okeechobee Blvd. West Palm Beach,FL 33409-	Top Hat Car Wash Occupation Owner	10/20/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Gilman 1717 South Ocean Blvd. Pompano Beach,FL 33062-	Cardinal Squares Corporation Occupation Developer	11/03/2000	1,000.00
Receipt For: ☐ Primary ☒ 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
Mrs. Gail Gilman P.O. Box 2854 Pompano Beach,FL 33072-	No Employer Occupation Homemaker	11/03/2000	1,000.00
Receipt For: ☐ 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. Sherwin Glass 5000 Hutchins Ferry Rd. Suwanee,GA 30024-	Self Employed Occupation Consultant	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David John Glatthorn 654 Riverside Rd. North Palm Beach,FL 33408-	Self Employed	10/23/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	1,500.00	

B. 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	10/19/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	750.00	MEMO

C. 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	10/19/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gene H. Codbold 222 W. Comstock Ave., Suite 101 Winter Park,FL 32789	Self Employed	11/13/2000	500.00
Receipt For: [ ] Primary [X] 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. Douglas E. Goldman 2520 Union Street San Francisco,CA 94123-	Curtain Software	11/07/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Chairman		
	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. Lisa M. Goldman 2520 Union Street San Francisco,CA 94123-	Homemaker	11/07/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Homemaker		
	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. Paul Goldman 485 Plantation Rd. Merritt Island,FL 32952-4030	Dean Mead Spielvogel et al	11/07/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	400.00	

SUBTOTAL of Receipts This Page (optional)	$3,100.00
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. Howard L. Goldstein 11421 SW 72nd Court Miami,FL 33156-	Mallah Furman & Company Occupation: CPA	10/20/2000	250.00
Receipt For: ☐ 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. Leo Gomez 3208 W. Harbor View Ave. Tampa,FL 33611-	Morgan, Colling & Gilbert Occupation: Attorney	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	750.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Brian K. Goodkind 13030 Zambrana Street Coral Gables,FL 33156-	Terremark Corporation Occupation: Executive	11/02/2000	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
Ms. Evelyn Goodman 6245 SW 117th Terrace Miami,FL 33158-	Retired Occupation: Retired	10/24/2000	250.00
Receipt For: ☐ 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. Lawrence Goodrich 705 Serrocales De Avila Tampa,FL 33613-	Southern Wine & Spirits Occupation: Vice President	10/23/2000	1,000.00
Receipt For: ☐ Primary ☒ 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
Dr. Bruce Gordon 7586 Porto Vecchio Place Delray Beach,FL 33446-	Self Employed Occupation: Physician	10/31/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	450.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Howard Gordon 2 Adalia Avenue, Unit 501 Tampa,FL 33606-3316	Cohen, Jayson & Foster Occupation: Attorney	10/19/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	750.00	

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. Susan Gordon 236 Miraflores Dr. Palm Beach,FL 33480	Homemaker	10/21/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Homemaker	REATTRIBUTION	
	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. Samuel Coren 3030 NE 42nd St. Fort Lauderdale,FL 33308	Josias Coren Cherof et al	10/27/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	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. Yasmeen Gowani 9177 Point Cypress Dr. Orlando,FL 32836	Homemaker	10/27/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Homemaker		
	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
Mr. Frederick H. Graefe 1050 Connecticut Avenue, NW Suite 1100 Washington,DC 20036	Baker & Hostetler	11/01/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Henry H. Graham, Jr. 701 Bisk St. Ste. 310 Jacksonville,FL 32204	Scott-McRae Group	10/27/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation President		
	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
Ms. Nancy E. Grayson 1171 N. Ocean Blvd., Apt. 2B South Gulfstream,FL 33483	The Building Center	10/23/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Owner		
	Aggregate Year-to-Date ->	350.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Dominick Graziano 100 South Ashley Drive Suite 2100 Tampa,FL 33602-5311	Bavol, Bush, & Sisco	11/01/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	2,000.00	

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

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. Irwin Green 7118 Valencia Dr. Boca Raton,FL 33433-7404	Retired	11/21/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	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. Richard Greene 1018 Pine Branch Court Fort Lauderdale,FL 33326	Advanced Dermatology	10/30/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 750.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Patrick Griffin 1015 33rd Street NW, #406 Washington,DC 20007-	Griffin Johnson Dover & Stewar	11/03/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: President	Aggregate Year-to-Date -> 1,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Howard Grossbard 241 S. Nokomis Ave. Venice,FL 34285-2315	South County Gastroenterology	11/02/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Melanie J. Grout 241 Plymouth Road West Palm Beach,FL 33405-	Homemaker	10/19/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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
Mr. Phillip Guerra 5203 SW 71st Place Miami,FL 33155-	Adorno & Berk	11/06/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: CPA	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
Ms. Louise Gund 127 Public Square, 17th Floor Cleveland,OH 44114-	Self Employeed	11/07/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Photographer	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bart Gunter 3419 Mahoney Dr. Tallahassee,FL 32308	Rogers, Atkins, Gunter & Assoc Occupation: Agent	10/20/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	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
Ms. Nancy L. Gunter 600 North Carpenter Road Titusville,FL 32796-	NASA Occupation: Manager	10/30/2000	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	Date (month, day, year)	Amount of Each Receipt this Period
Mahendra Gupta 916 S.E. 5th Ct. Fort Lauderdale,FL 33301-	Healthcare Systems, Inc. Occupation: President	11/07/2000	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
Dr. Mohan Lal Gupta 10110 S.W. 3rd St. Plantation,FL 33324-	Self Employed Occupation: Physician	11/07/2000	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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alan M. Habacht 11651 SW 68th Court Miami,FL 33156-	Taplin, Canida Habacht Occupation: investment advisor	10/26/2000	500.00
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
Mrs. Michelle Harrison Haben 2906 Tyron Cir Tallahassee,FL 32308-3339	Homemaker Occupation: Homemaker	10/20/2000	500.00
Receipt For: [ ] Primary [X] 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. Nicholas F. Habre 2525 First St., #404 Fort Myers,FL 33901-	Retired Occupation: Retired	10/28/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	$3,800.00
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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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. Nicholas P. Habre 2525 First St., #404 Fort Myers,FL 33901-	Retired Occupation Retired	11/16/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Mr. Lee Hager 3015 Sorrel Ct. Weston,FL 33331-	Southern Wine & Spirits Occupation Vice President	10/23/2000	1,000.00
Receipt For: ☐ 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
Mr. Michael Haggard 7800 SW 52nd Court Miami,FL 33143-	Haggard Parks & Stone Occupation Attorney	10/20/2000	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. Val J. Halamandaris 2699 Wild Holly Road Annapolis,MD 21403-	National Assoc. for Home Care Occupation President	11/07/2000	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
Mr. Herman Hallman 301 N. Ocean Blvd., #1102 Pompano Beach,FL 33062-	Sailors Union of the Pacific Occupation Seaman	10/19/2000	50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	200.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Herman Hallman 301 N. Ocean Blvd., #1102 Pompano Beach,FL 33062-	Sailors Union of the Pacific Occupation Seaman	11/06/2000	30.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	230.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven R. Halper 343 N. Tropical Trail, #401 Merritt Island,FL 32953-	Retired Occupation Retired	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,180.00
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. Paul Hamilton 4738 Highgrove Rd. Tallahassee,FL 32308- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Florida Power and Light Government Relations Aggregate Year-to-Date -> 250.00	11/02/2000	250.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Sharron Hamilton 254 Den Helder Ave. Ellenton,FL 34222-3414 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker Homemaker Aggregate Year-to-Date -> 500.00	10/25/2000	500.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Helen L. Hancock 7808 Hancock St. P.O. Box 817 Riverview,FL 33568-0817 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Riverview Tire & Auto Service Accountant Aggregate Year-to-Date -> 300.00	10/25/2000 EarmarkedMoveOn	50.00
D. 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 PAC P.O. Box 9063 Berkeley,CA 94709 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**
Mr. Arnold Hantman 16181 W. Troon Circle Miami Lakes,FL 33014- Receipt For: [ ] Primary [X] General [ ] Other (specify)	SFBC International, Inc. Pharmaceutical Research Aggregate Year-to-Date -> 550.00	11/04/2000	300.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Daniel L. Hardin 5645 Nova Rd. Saint Cloud,FL 34771-8654 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Street Information Systems Owner Aggregate Year-to-Date -> 1,500.00	10/26/2000	500.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Daniel L. Hardin 5645 Nova Rd. Saint Cloud,FL 34771-8654 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Street Information Systems Owner Aggregate Year-to-Date -> 2,000.00	10/30/2000	500.00

SUBTOTAL of Receipts This Page (optional)	$2,100.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Yvette T. Hardin 5645 Nova Road Saint Cloud,FL 34771-8654	Homemaker Occupation Homemaker	10/26/2000	500.00
Receipt For: ☐ 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
Ms. Patricia Harding-Jones 1717 N. Bayshore Dr., Apt. 1826 Miami,FL 33132-1155	Homemaker Occupation Homemaker	10/25/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	350.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lt. Col. Paul F. Harrington 11739 - 81st Ave., North Seminole,FL 33772-4037	USAF Occupation Retired	10/23/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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. Robert Hartman dba Government Services Associates 2121 Camden Rd., Suite B Orlando,FL 32803-	Self Employed Occupation Consultant	10/25/2000	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
Mr. Lawrence B. Hawkins 11 NW 45th Ave. Coconut Creek,FL 33073-	Self Employed Occupation Realtor	11/04/2000	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. Lee Heaton 2998 NW 41st Street Boca Raton,FL 33434-	Power Sports Occupation Owner	11/04/2000	500.00
Receipt For: ☐ 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
Ms. Lino Heaton 2998 N.W. 41st Street Boca Raton,FL 33434-	No Employer Occupation Homemaker	11/04/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	$2,700.00
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. Alexander P. Heckler 920 Aguero Ave. Coral Gables,FL 33146-	Verner, Liipfert et. al. Occupation: Law Clerk	11/01/2000	1,000.00
Receipt For: ☐ 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. Daniel Neal Heller 50 W. Dilido Dr. Miami Beach,FL 33139-	Heller and Kaplan Occupation: Attorney	10/25/2000	1,000.00
Receipt For: ☐ 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. Diane S. Heller 50 W. Dilido Dr. Miami Beach,FL 33139-	Homemaker Occupation: Homemaker	10/25/2000	1,000.00
Receipt For: ☐ 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. Alan C. Helman 816 Brightwater Circle Maitland,FL 32751	E.H.C.P. Architects, Inc. Occupation: Architect	11/03/2000	500.00
Receipt For: ☐ 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
Mrs. Marjorie Helman 816 Brightwater Circle Maitland,FL 32751	No Employer Occupation: Homemaker	11/03/2000	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. Mark Hendrickson 1404 Alban Avenue Tallahassee,FL 32301-5702	Self Employed Occupation: Business Consultant	10/25/2000	1,000.00
Receipt For: ☐ 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. Gilberto J. Hernandez 918 E. Busch Blvd. Tampa,FL 33612-8542	Valiente Hernandez & Cope Occupation: CPA	10/19/2000	250.00
Receipt For: ☐ 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)	

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. Patricia Herr 8933 SW 123rd Court, Apt. 407 Miami,FL 33186-1968	Stanford Financial Group Occupation: Executive	11/01/2000	500.00
Receipt For: [ ] Primary [X] 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. Avi Hersh 515 N. Flagler Dr., Suite 1200 West Palm Beach,FL 33401-	Cross Bow Ventures Occupation: Executive	11/04/2000	250.00
Receipt For: [ ] Primary [X] 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. Arthur Hertz 3195 Ponce deLeon Blvd. Coral Gables,FL 33134	Wometco Enterprises, Inc. Occupation: Chairman of the Board	10/26/2000	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. Reginald D. Hicks 405 Caines St. Orlando,FL 32824-6070	Hicks & Peigner, P.A. Occupation: Attorney	11/01/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gerald M. Higier 1541 Sunset Dr., Suite 300 Coral Gables,FL 33143-	Southeast Shopping Centers Occupation: Real estate	11/04/2000	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
Mr. Robert J. Hildebrand 199 Saddlehow Road West Hills,CA 91307-	Casden Properties, Inc. Occupation: Senior Vice President	10/26/2000	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. Louis Hill 513 Plantation Rd. Tallahassee,FL 32303-	Retired Occupation: Retired	10/27/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	$3,700.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Louis Hill 513 Plantation Rd. Tallahassee,FL 32303-	Retired	10/30/2000	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	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
Ms. Deborah D. Hindery 235 Montgomery St., Suite 420 San Francisco,CA 94104-	Homemaker	10/24/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Leo J. Hindery, Jr. 235 Montgomery St., Suite 420 San Francisco,CA 94104-	GlobalCenter	10/24/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Chairman	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
Hobbs, Straus, Dean & Walker 2120 L St., NW, Suite 700 Washington,DC 20037-	Partnership Attribution Listed Individually	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation:	Aggregate Year-to-Date -> 250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. H. Clyde Hobby 5709 Tidalwave Dr. New Port Richey,FL 34652-3821	Hobby, Grey & Reeves	10/30/2000	500.00
Receipt For: ☐ Primary ☒ 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
Ms. Nancy B. Hodges 5251 SW 16th St. Plantation,FL 33317-	Mediation, Inc.	10/28/2000	400.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Manager	Aggregate Year-to-Date -> 400.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Anita Huber 1708 Casey Key Road Nokomis,FL 34275-	No Employer	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	Aggregate Year-to-Date -> 2,000.00	

SUBTOTAL of Receipts This Page (optional)	$4,450.00
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)(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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tibor Hollo PO Box 012949 Miami,FL 33101	Florida East Coast Realty Occupation: Real estate	11/06/2000	500.00
Receipt For: ☐ 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. Sonny Holtzman 2601 S. Bayshore Drive Suite 600 Miami,FL 33133-	Holtzman,Krinzman,Equela,Furia Occupation: Attorney	10/26/2000	625.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	625.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Dan H. Honeywell 236 S. Lucerne Circle Orlando,FL 32801-	Self Employed Occupation: Rancher	11/01/2000	250.00
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
Ms. Charlotte Houser 1005 Carrigan Blvd. Merritt Island,FL 32952-	Homemaker Occupation: Homemaker	10/26/2000	400.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,400.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Stephen C. Houser 950 Maemir Way Rockledge,FL 32955-	Davies, Houser & Secrest Occupation: CPA	10/22/2000	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. Edward Lang Houston 1415 North Indian River Dr. Cocoa,FL 32922	Self Employed Occupation: Investor	10/20/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Houtz 101 E. Kennedy Blvd., Suite 1790 Tampa,FL 33602-5147	Morgan, Colling & Gilbert Occupation: Attorney	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	750.00	

SUBTOTAL of Receipts This Page (optional)	$2,725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category at 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. Harold M. Humphrey 14130 Cypress Court Miami,FL 33014	InSource, Inc. Occupation Agent	10/26/2000	150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	350.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hon. Swanee Hunt 168 Brattle Street Cambridge,MA 02138-	Harvard University Occupation Professor	10/31/2000	1,000.00
Receipt For: ☐ 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. Suzanne Hopp 2004 Countryside Circle S. Orlando,FL 32804-	Retired Occupation Retired	11/04/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	450.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Tim Toennides 2100 Nebraska Avenue, Suite 205 Fort Pierce,FL 34950-	Self Employed Occupation Physician	10/28/2000	1,000.00
Receipt For: ☐ 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. Gary A. Isaacson 6651 Crenshaw Dr. Orlando,FL 32835-	Self Employed Occupation Investor	10/31/2000	1,000.00
Receipt For: ☐ Primary ☒ 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. Edwin J. Jacobs, Jr. 617 Lost Pine Way Absecon,NJ 08201-9603	Jacobs & Barbone Occupation Attorney	11/10/2000	1,000.00
Receipt For: ☐ 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
Dr. Jeanne M. Jacobson 1521 S. Lakeshore Dr. Sarasota,FL 34231-	Retired Occupation Retired	10/19/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,200.00	

SUBTOTAL of Receipts This Page (optional)	$4,550.00
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

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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. Patricia Ciocchetti Jason 5010 NW 93rd Doral Place Miami,FL 33178-2068 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Nova Southeastern University / Career Development Aggregate Year-to-Date -> 1,000.00	10/26/2000	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. Christopher P. Jayson 11593 Shelly Circle Seminole,FL 34642- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Cohen, Jayson & Foster / Attorney Aggregate Year-to-Date -> 500.00	10/19/2000	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. Norman J. Jester, Jr. 14681 SW 41st STreet Miramar,FL 33027- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Herzog Transit Services Inc. / Vice President Aggregate Year-to-Date -> 500.00	11/01/2000	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Charlene Johnson 6 Rio Vista Dr. Tequesta,FL 33469- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date -> 1,000.00	10/19/2000	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. David E. Johnson 4520 Dexter St., NW Washington,DC 20007- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Griffin Johnson Dover & Stewar / Attorney Aggregate Year-to-Date -> 1,000.00	11/03/2000	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. Jennifer O. Johnson 3680 Richmond St. Jacksonville,FL 32205- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Self Employed / Investor Aggregate Year-to-Date -> 1,000.00	10/20/2000	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. Joe Johnson 6 Rio Vista Dr. Tequesta,FL 33469- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Babbitt Johnson / Attorney Aggregate Year-to-Date -> 1,000.00	10/19/2000	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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Rosita Johnson 1910 Orient Rd. Tampa,FL 33619-	Homemaker Occupation: Homemaker	11/01/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	600.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Rudolph Jordan 2508 Mystic Point Way Tampa,FL 33611-	R.E. Jordan & Company Occupation: President	10/19/2000	300.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Charles Dudd 46 West Broadway, #240 Salt Lake City,UT 84101-	Envirocare of Utah, Inc. Occupation: President	10/26/2000	300.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	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	11/01/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Julie Braman Kane 650 Sabal Palm Road Miami,FL 33137-3354	Colson Hicks Eidson, et al Occupation: Attorney	10/20/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gerald Kaplan 2701 Gulf of Mexico Dr. Longboat Key,FL 34228	Retired Occupation: Retired	10/20/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	450.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Deborah Kaye 11111 Biscayne Blvd., Ste. 1657 Miami,FL 33181-3404	Self Employed Occupation: Invester	10/19/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$4,300.00
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 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
Mr. James Kaywell 2455 Nuremberg Blvd. Punta Gorda,FL 33983-	Self Employed Occupation Attorney	11/02/2000	50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	550.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Kaywell 2455 Nuremberg Blvd. Punta Gorda,FL 33983-	Self Employed Occupation Attorney	11/03/2000	350.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	900.00	

C. 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 Occupation Attorney	10/20/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,250.00	

D. 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 Occupation Homemaker	10/20/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jesse W. Kehres 25623 W. Camino Vista Hayward,CA 94541	Retired Occupation Retired	10/30/2000 BarmarkedMoveOn	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	450.00	

F. 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 PAC P.O. Box 9063 Berkeley,CA 94709	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bruce W. Reibner 411 South Country Road Palm Beach,FL 33480-	Self Employed Occupation Investor	10/19/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	$1,500.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Kelley 2139 Palm Beach Lakes Blvd. West Palm Beach,FL 33409	Searcy Denney Scarola et al Occupation: Attorney	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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
Ms. J. Megan Kelly 199 Ocean Lane, #1106 Miami,FL 33149-	Swire Properties Occupation: Developer	11/04/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	600.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Russell Kelly 3749 Shamrock West Tallahassee,FL 32308-	Kelly Development Group Inc. Occupation: Engineer	10/19/2000	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
Ms. Patricia A. Keon 930 Andalusia Ave. Coral Gables,FL 33134-	Miami-Dade County Occupation: County Commision Aide	10/27/2000	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. Lina Khatib 8481 Granada Blvd. Orlando,FL 32836-	Homemaker Occupation: Homemaker	10/26/2000	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. Samir A. Khatib 7936 Clubhouse Estates Dr. Orlando,FL 32819-	Intram Investments Occupation: Executive	10/25/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Samir A. Khatib 7936 Clubhouse Estates Dr. Orlando,FL 32819-	Intram Investments Occupation: Executive	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

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)

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. V.A. Khatib 8491 Granada Blvd. Orlando,FL 32836-	Intram Investments Occupation: Executive	10/26/2000	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. Kieran Kilday 11883 Lake Shore Place North Palm Beach,FL 33408-	Kilday & Associates Occupation: Landscaping	10/27/2000	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. T. Edward Kinsey 3821 Northshore Dr. West Palm Beach,FL 33407	Nat. Housing Dev. Corp. Occupation: Developer	11/04/2000	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. Eric E. Kirsten 7964 Woodlake Way Cupertino,CA 95014-	GlobalCenter Occupation: Vice President	10/24/2000	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
Mr. Russell H. Klenet 515 SE 7th Street Ft. Lauderdale,FL 33301-	Russ Klenet & Associates Occupation: Government Consultant	11/01/2000	300.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David R. Klock 8940 Ridgemont Dr. Atlanta,GA 30350-	Info Requested Occupation: Info Requested	11/02/2000	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
Ms. Susan M. Klock 5095 SW 82nd St. Miami,FL 33143 8503	Homemaker Occupation: Homemaker	11/03/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$6,300.00
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. John J. Koelemij 1005 Gardenia Drive Tallahassee,FL 32312-3304 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Orange State Construction / Construction Aggregate Year-to-Date -> 250.00	10/28/2000	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. Ray Kogovsek 215 W 2nd St. Pueblo,CO 81003- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Kogovsek & Associates, Inc. / Executive Aggregate Year-to-Date -> 1,000.00	11/04/2000	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. Daniel Kranzler 1140 - 23rd St., NW Suite 402 Washington,DC 20037- Receipt For: [ ] Primary [X] General [ ] Other (specify)	eFund / Executive Aggregate Year-to-Date ->	11/03/2000	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. Daniel Kranzler 1140 - 23rd St., NW Suite 402 Washington,DC 20037- Receipt For: [ ] Primary [X] General [ ] Other (specify)	eFund / Executive Aggregate Year-to-Date -> 1,000.00	11/03/2000	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**
Ms. Sally J. Kranzler 1140 - 23rd St., NW, Suite 402 Washington,DC 20037- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date ->	11/03/2000	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. Sally J. Kranzler 1140 - 23rd St., NW, Suite 402 Washington,DC 20037- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date -> 1,000.00	11/03/2000	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. Edwin C. Kreger 172 Bob White Court Daytona Beach,FL 32119-8300 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Retired / Retired Aggregate Year-to-Date -> 1,000.00	11/03/2000	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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lewanna R. Kreger 172 Bob White Court Daytona Beach,FL 32119-8300 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Retired / Retired Aggregate Year-to-Date -> 1,000.00	11/03/2000	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. Richard Krinzman 2601 South Bayshore Drive Suite #600 Miami,FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Holtzman,Krinzman,Equels ,Furia / Attorney Aggregate Year-to-Date -> 625.00	10/26/2000	625.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Richard A. Kupfer 5725 Corporate Way, Suite 106 West Palm Beach,FL 33407-2036 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Richard A. Kupfer, P.A. / Attorney Aggregate Year-to-Date -> 500.00	10/21/2000	500.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Carla D. Kuru 14741 SW 83rd Court Coral Gables,FL 33158- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Taplin, Canida Habacht / Administrator Aggregate Year-to-Date -> 500.00	10/26/2000	500.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lager Associates Mr. Ethan Lazar 419 Park Avenue South, Suite 300 New York,NY 10016- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Partnership Attribution Listed Individually / Occupation Aggregate Year-to-Date -> 1,000.00	10/31/2000	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**
Lakeview Investment Partnership Mr. Lloyd Ecclestone P.O. Box 3267 West Palm Beach,FL 33402- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Partnership Attribution Listed Individually / Occupation Aggregate Year-to-Date -> 1,000.00	10/28/2000	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. John F. Lanahan, Jr. 1301 Riverplace Blvd., #2201 Jacksonville,FL 32207- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Lanahan Insurance Agency / Owner Aggregate Year-to-Date -> 250.00	10/20/2000	250.00

SUBTOTAL of Receipts This Page (optional)	$4,875.00
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 Mr. William Landa 2875 NE 191 St. Aventura,FL 33180 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Landa & Company Occupation Real estate Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 800.00
B. Full Name, Mailing Address and Zip Code Mr. Alan J. Landerman P.O. Box 2867 Orlando,FL 32802- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Parker Landerman & Parker Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Mr. Joseph W. Landers, Jr. 5009 Brill Point Tallahassee,FL 32312 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Unicorn Financial Occupation CEO Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Mr. Carlos L. Lao 1330 SW 51st. Ave. Miami,FL 33155-5239 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Carolos L. Lao & Associates Occupation Accountant Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Ms. Maria Lago 11910 SW 99th Lane Miami,FL 33186-8505 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> 350.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and Zip Code Mr. Henry Latimer 450 E. Las Olas Boulevard Fort Lauderdale,FL 33301- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Bolkert Seamans et. al. Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Mr. Dale R. Lauer 3801 Bobbin Brook Circle Tallahassee,FL 32312-1219 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Capital Insurance Agency Occupation Agent Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	$2,600.00
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

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. Ethan Lazar 419 Park Avenue South, Suite 300 New York,NY 10016	Lager Associates Occupation: Owner	10/31/2000	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
Ms. Sydelle Lazar 21438 Linwood Court Boca Raton,FL 33433	No Employer Occupation: Homemaker	10/31/2000	1,000.00
Receipt For: ☐ 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
Leahy for U.S. Senator Committee Sen. Patrick Leahy 503 Capitol Court, NE, Suite 100 Washington,DC 20002-	U.S. Government Occupation: Senator	10/26/2000	1,000.00
Receipt For: ☐ 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. Patricia Lebow 272 Via Marila Palm Beach,FL 33480-	Broad & Cassel Occupation: Attorney	11/01/2000	300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 550.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Ledee, III 6151 Powers Perry Road Atlanta,GA 30339-	Self Employed Occupation: Consultant	11/04/2000	1,000.00
Receipt For: ☐ 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
Dr. Wayne L. Lees 29 Tower Rd. Lexington,MA 02421-5930	Retired Occupation: Physician	10/24/2000	500.00
Receipt For: ☐ 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
Dr. and Mrs. Jack Leiser 3040 NE 40th St. Fort Lauderdale,FL 33308-	Self Employed Occupation: Physician	10/23/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 500.00		

SUBTOTAL of Receipts This Page (optional)	$4,300.00
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
Dr. William N. Leonard 713 McCallister Ave. Sun City Center,FL 33573-	Retired / Retired	10/26/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	350.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. J. William Lewis Three Cherry Hills Shoal Creek,AL 35242-	Self Employed / Attorney	11/03/2000	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. Gregory R. Liberman 141 Caspian Court Sunnyvale,CA 94089	GlobalCenter / Vice President	10/24/2000	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. Charlee Lichtman 3411 Ottawa Lane Cooper City,FL 33026-	Genovese Lichtman et al / Attorney	10/20/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lieberman 2000 Hon. Joseph Lieberman 36 Woodland Street Hartford,CT 06105-	U.S. Government / Senator	11/07/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jeffrey M. Liggio 1615 Forum Place, Suite 3-B West Palm Beach,FL 33401-	Self Employed / Attorney	10/19/2000	500.00
Receipt For: [ ] Primary [X] 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. Chris M. Limberopoulos 2202 N. West Shore Blvd. Tampa,FL 33607-	Self Employed / Attorney	10/25/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	$4,850.00
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 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Allyson Linder 18165 NW 21st Street Pembroke Pines,FL 33029-	The Pill Box Occupation Pharmacist	10/27/2000	1,000.00
Receipt For: ☐ 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. Blucher B. Lines P.O. Box 550 Quincy,FL 32353-	Self Employed Occupation Attorney	10/31/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ben J. Biggs 16 Snowa Lane Dover,MA 02030-	Fresenius Medical Care Occupation Executive	10/19/2000	500.00
Receipt For: ☐ 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. William R. Little, Jr. 1107 - 5th Ave. New York,NY 10128-	George Little Management, Inc. Occupation Chairman	10/25/2000	1,000.00
Receipt For: ☐ 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
Lofgren for Congress Hon. Zoe Lofgren 111 W. St. John St., Suite 400 San Jose,CA 95113-	U.S. Government Occupation Member of Congress	11/02/2000	1,000.00
Receipt For: ☐ 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. Jonathan D. Low 272 Cordova Rd. West Palm Beach,FL 33401-	Ernst & Young Occupation Consultant	10/21/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	850.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard Luzadder 1110 SW Ivanhoe Blvd. Orlando,FL 32804-	Self Employed Occupation Businessman	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$4,850.00
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 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
Dr. B. Carlton Lynn 1352 Gleneagles Way Rockledge,FL 32955-	Self Employed Physician	10/22/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	600.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lake Lytal, Jr. 1030 Sea Acres Way Juno Beach,FL 33408-	Palm Beach Law Attorney	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ 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
Dr. Solange Macarthur 1628 - 21st Street NW Washington,DC 20009-	Self Employed Physician	11/03/2000	1,000.00
Receipt For: ☐ 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. Fredericka A. Maddox 235 Sinclair Rd. Tallahassee,FL 32312-	Homemaker Homemaker	10/21/2000	250.00
Receipt For: ☐ 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. Jane Madry 1817 Pineapple Ave. Melbourne,FL 32935-	Homemaker Homemaker	10/20/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	200.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Jane Madry 1817 Pineapple Ave. Melbourne,FL 32935-	Homemaker Homemaker	11/04/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	300.00	

G. 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	11/02/2000	150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	650.00	

SUBTOTAL of Receipts This Page (optional)	$3,100.00
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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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. David J. Mahoney 234 El Brillo Way Palm Beach,FL 33480-	Self Employed Occupation Real Estate Investor	10/28/2000	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. Joshua L. Mailman 150 E. 58th St., 34th Floor New York,NY 10155-	Retired Occupation Retired	10/30/2000 Earmarked	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. Michael G. Malaghan 1540 The Green Way Jacksonville Beach,FL 32250-	World Family Occupation President	10/28/2000	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	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Bonnie Mandelmer 2100 West Randolph Circle Tallahassee,FL 32312-	Homemaker Occupation Homemaker	11/01/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	600.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Caryl Mansour 8034 Dorsel Court Orlando,FL 32819-	Homemaker Occupation Homemaker	10/26/2000	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
Mr. Riyad Mansour 8034 Dorsel Court Orlando,FL 32819-	Intram Investments Occupation Vice President	10/26/2000	1,000.00
Receipt For: [ ] Primary [X] 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
Ms. Elizabett C. Mark 7307 Stafford Road Alexandria,VA 22307	Fairfax County Public Library Occupation Library Assistant	10/26/2000 EarmarkedMoveOn	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	225.00	

SUBTOTAL of Receipts This Page (optional)	$4,700.00
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
Above Contribution Earmarked Through MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date ->		
B. Full Name, Mailing Address and Zip Code Mr. Raul G. Marmol 1541 Brickell Ave., Apt. 909 Miami,FL 33129- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Info Requested Occupation: Info Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 11/04/2000	Amount of Each Receipt this Period: 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Frank Martelli James Hoyer Newcomer & Smiljanich 4830 West Kennedy Blvd., Suite 147 Tampa,FL 33609- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: James, Hoyer, Newcomer et al Occupation: Investigator Aggregate Year-to-Date -> 500.00	Date (month, day, year): 11/01/2000	Amount of Each Receipt this Period: 500.00
D. Full Name, Mailing Address and Zip Code Mr. Anthony C. Martin 757 Powderhorn Circle Lake Mary,FL 32746- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Investor Aggregate Year-to-Date -> 250.00	Date (month, day, year): 10/25/2000	Amount of Each Receipt this Period: 250.00
E. Full Name, Mailing Address and Zip Code Mr. Carlos E. Martinez 5754 SW 100 Street Miami,FL 33156- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Caribe Homes Corporation Occupation: Executive Aggregate Year-to-Date -> 500.00	Date (month, day, year): 11/04/2000	Amount of Each Receipt this Period: 500.00
F. Full Name, Mailing Address and Zip Code Mr. Eugenio J. Martinez 5500 SW 82nd Ave. Miami,FL 33155-5439 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Businessman Aggregate Year-to-Date -> 500.00	Date (month, day, year): 11/04/2000	Amount of Each Receipt this Period: 500.00
G. Full Name, Mailing Address and Zip Code Mr. C. Raymond Marvin 1371 Kirby Road Mc Lean,VA 22101- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Consultant Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 11/03/2000	Amount of Each Receipt this Period: 1,000.00

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 Mrs. Mercedes Masvidal 1401 Ponce de Leon Boulevard #402 Coral Gables,FL 33134- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Masvidal Partners Occupation President	Date (month, day, year) 10/26/2000	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. Melinda M. Maxfield 8947 Donna Lo Drive Odessa,FL 33556- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Campaign Finance Consultants Occupation Associate	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1,000.00
		Aggregate Year-to-Date -> 2,000.00	
C. Full Name, Mailing Address and Zip Code Dr. Guy R. Maxwell 4615 Coquina Ridge Dr. Melbourne,FL 32935- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Self Employed Occupation Veterinarian	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
		Aggregate Year-to-Date -> 250.00	
D. Full Name, Mailing Address and Zip Code Mr. Charles Maymon 5137 NW 123AD Avenue Coral Springs,FL 33076- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer American Ambulance Occupation Vice President	Date (month, day, year) 10/21/2000 REATTRIBUTION	Amount of Each Receipt this Period -500.00
		Aggregate Year-to-Date -> 1,500.00	MEMO
E. Full Name, Mailing Address and Zip Code Mr. Charles Maymon 5137 NW 123AD Avenue Coral Springs,FL 33076- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer American Ambulance Occupation Vice President	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date -> 2,000.00	
F. Full Name, Mailing Address and Zip Code Ms. Susan Maymon 5137 NW 123AD Ave. Coral Springs,FL 33076- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 10/21/2000 REATTRIBUTION	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date -> 500.00	MEMO
G. Full Name, Mailing Address and Zip Code Mr. William J. McAfee 8922 Estate Dr. West Palm Beach,FL 33411-6595 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer Self Employed Occupation Consultant	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1,000.00
		Aggregate Year-to-Date -> 1,250.00	

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

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 A. McCaffrey 14347 117th Ave., NE Kirkland,WA 98034-	Self Employed Investor	10/30/2000	500.00
Receipt For: ☐ 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. J. McCartney 11902 NW 26th Manor Pompano Beach,FL 33065-	Homemaker Homemaker	10/19/2000	500.00
Receipt For: ☐ 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
Ms. Mary Donovan McClellan 8424 Caplock Road Tallahassee,FL 32311-	Homemaker Homemaker	10/30/2000	250.00
Receipt For: ☐ 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
Mr. Kevin McDermott 718 S. Taylor Ave. Oak Park,IL 60304	Self Employed Internet Consulting	10/31/2000 EarmarkedMove On	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Earmarked Through MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709			
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
Ms. Janie Strauss McGarr 9434 Alva Court Dallas,TX 75220	Homemaker Homemaker	11/03/2000	1,000.00
Receipt For: ☐ 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. Laura McLeod 2806 Aberdeen St. Tallahassee,FL 32312-	McLeon & Associates President	10/28/2000	250.00
Receipt For: ☐ 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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NAME OF COMMITTEE (In Full)
Bill Nelson for U.S. Senate Campaign Committee

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Bruce McNeilage 4901 NW 17th Way, Suite 505 Fort Lauderdale,FL 33309-	Wealth Management Group Occupation: Managing Partner	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Ms. Lynn McReynolds 108 East Lake Dr. Annapolis,MD 21403-	Discovery Communications Occupation: Executive	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Mr. Ralph D. McWilliams 1704 Rea Ave. Tallahassee,FL 32303-	Retired Occupation: Retired	10/28/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	630.00	
D. Mr. Stephen L. Meagher 32 Twin Oaks Dr. San Rafael,CA 94901-	Phillips & Cohen Occupation: Attorney	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Ms. Rosa Meehan 1910 Orient Rd. Tampa,FL 33619	Homemaker Occupation: Homemaker	11/01/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Ms. Dinne Elizabeth Meli 2515 NE 7th Place Fort Lauderdale,FL 33304-	Homemaker Occupation: Homemaker	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,300.00	
G. Mrs. Nancy Mell 1899 NE 186th Street North Miami Beach,FL 33179	Homemaker Occupation: Homemaker	10/26/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$4,600.00
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. O.B. Melo 5513 Interbay Blvd. Tampa,FL 33611- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Real estate **Aggregate Year-to-Date ->** 850.00	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 450.00
B. Full Name, Mailing Address and Zip Code Ms. Lynn M. Meredith 70 Pascal Lane Austin,TX 78746-2552 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/26/2000	**Amount of Each Receipt this Period** 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Thomas J. Meredith 70 Pascal Lane Austin,TX 78746-2552 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Dell Computers **Occupation** Managing Director **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/26/2000	**Amount of Each Receipt this Period** 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. James B. Messer P.O. Box 1876 Tallahassee,FL 32302- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/07/2000	**Amount of Each Receipt this Period** 500.00
E. Full Name, Mailing Address and Zip Code Mr. John Michel 443 22nd Belleair Beach,FL 33786- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Intrepid Power Boats, Inc **Occupation** Boat Builder **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 10/23/2000	**Amount of Each Receipt this Period** 750.00
F. Full Name, Mailing Address and Zip Code Mr. Alan B. Miller 57 Crosby Brown Rd. Gladwyne,PA 19035- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Universal Health Services, Inc **Occupation** President **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Ms. Jacqueline S. Miller 14942 Horseshoe Trace Wellington,FL 33414- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 1,000.00

SUBTOTAL of Receipts This Page (optional)	$4,950.00
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. Larry D Miller 518 E Capistrano Way San Mateo,CA 94402 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Nortel Networks Engineer Aggregate Year-to-Date -> 250.00	10/31/2000 EarmarkedMove On	250.00
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 MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709 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**
Mr. Ronald L. Miller 2601 Heron Lane North Clearwater,FL 33762- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Provider Solutions Chairman Aggregate Year-to-Date -> 500.00	11/01/2000	500.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Kathryn Mills 4765 Lake Road Bay Point Miami,FL 33137- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Retired Retired Aggregate Year-to-Date -> 1,000.00	10/27/2000	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. Bruce A. Minnick 9017 Eagles Ridge Dr. Tallahassee,FL 32312- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Bruce Alexander Minnick, PA Attorney Aggregate Year-to-Date -> 2,000.00	11/04/2000	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. Bruce Mitchell 77 East Andrews Dr. NW., Apt 329 Atlanta,GA 30305- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Self Employed Investor Aggregate Year-to-Date -> 1,000.00	11/02/2000	500.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. David P. Mixor 70 Pheasant Drive East Greenwich,RI 02818- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Rex Capital Executive Aggregate Year-to-Date -> 1,000.00	10/19/2000	1,000.00

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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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. Gail Mixer 70 Pheasant Dr. East Greenwich,RI 02818- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date -> 1,000.00	10/19/2000	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
Ms. Gail C. Monaghan 165 Perry St. New York,NY 10014-2382 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed / Writer Aggregate Year-to-Date -> 1,000.00	11/03/2000	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. William Scot Monaghan 165 Perry St. New York,NY 10014-2382 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed / Model Railroader Aggregate Year-to-Date -> 1,000.00	11/03/2000	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 B. Monsky 7015 Gaines Court Jacksonville,FL 32217- Receipt For: [ ] Primary [X] General [ ] Other (specify)	First Florida Capital Corp. / Executive Aggregate Year-to-Date -> 250.00	11/01/2000	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. Paul M. Montrone 1 Liberty Lane Hampton,NH 03842- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Fischer Scientific / Chairman & CEO Aggregate Year-to-Date -> 1,000.00	11/02/2000	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. Harvey A. Moore 12503 Clendenning Dr. Tampa,FL 33624- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Trial Practices, Inc. / President Aggregate Year-to-Date -> 500.00	11/03/2000	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Paul P. Moran P.O. Box 02917 Cranston,RI 02920- Receipt For: [ ] Primary [X] General [ ] Other (specify)	McLaughlin & Moran / Executive Aggregate Year-to-Date -> 500.00	10/26/2000	500.00

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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NAME OF COMMITTER (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. Alison Morgan P.O. Box 1096 Merritt Island,FL 32952-	Brevard Job Link	10/27/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Special Projects Coordinator		
	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. R. Larry Morris 4045 Connell Drive Pensacola,FL 32503-	Levin Middlebrooks	10/22/2000	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney		
	Aggregate Year-to-Date ->	700.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Patrick J. Morris 14461 SW 111th Terrace Miami,FL 33186-	Stanford Financial Group	11/01/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Executive		
	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. Glenn D. Moses 3300 NE 192nd St., Apt. 1815 Aventura,FL 33180-	Conovese Lichtman et al	11/08/2000	500.00
Receipt For: [ ] Primary [X] 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
Dr. Karan Muthuswamy 61 Compass Ln. Fort Lauderdale,FL 33308-2009	Cardiology Associates	11/07/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Physician		
	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
Mr. James P. Murley 2110 SW 3rd Ave., Apt. 6-B Miami,FL 33129-1479	Florida Atlantic University	10/28/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Administrator		
	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. John J. Murphy, Jr. 209 N. Interlachen Ave. Winter Park,FL 32789-	Self Employed	10/25/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Investor		
	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	$3,300.00
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. Timothy R. Myers 1910 Orient Rd. Tampa,FL 33619- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Investor Aggregate Year-to-Date -> 250.00	Date (month, day, year): 11/01/2000	Amount of Each Receipt this Period: 250.00
B. Full Name, Mailing Address and Zip Code Mr. Lewis S. Nadel 11940 NW 41st St. Coral Springs,FL 33065- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Innovative Surveillance Servic Occupation: Owner Aggregate Year-to-Date -> 400.00	Date (month, day, year): 10/27/2000	Amount of Each Receipt this Period: 400.00
C. Full Name, Mailing Address and Zip Code Mr. Lewis S. Nadel 11940 NW 41st St. Coral Springs,FL 33065- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Innovative Surveillance Servic Occupation: Owner Aggregate Year-to-Date -> 800.00	Date (month, day, year): 10/27/2000	Amount of Each Receipt this Period: 400.00
D. Full Name, Mailing Address and Zip Code Mr. Charles B. Nam 820 Live Oak Plantation Road Tallahassee,FL 32312-2413 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date -> 300.00	Date (month, day, year): 10/21/2000	Amount of Each Receipt this Period: 100.00
E. Full Name, Mailing Address and Zip Code Mr. Charles B. Nam 820 Live Oak Plantation Road Tallahassee,FL 32312-2413 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date -> 400.00	Date (month, day, year): 10/31/2000	Amount of Each Receipt this Period: 100.00
F. Full Name, Mailing Address and Zip Code Nancy Pelosi For Congress Hon. Nancy Pelosi One Bush Street, Suite 1100 San Francisco,CA 94104- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: U. S. Government Occupation: Congresswoman Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 11/07/2000	Amount of Each Receipt this Period: 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Samuel R. Neel, III 1911 Vineland Lane Tallahassee,FL 32311 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 10/26/2000	Amount of Each Receipt this Period: 1,000.00

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	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Betty Neill 2709 MC Road Fort Pierce,FL 34981-	Self-Employed Occupation Agriculture	11/02/2000	500.00
Receipt For: ☐ 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. David Neill 2709 MC Neil Road Fort Pierce,FL 34981-	Self Employed Occupation Agriculture	11/02/2000	1,000.00
Receipt For: ☐ 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. Lynn Nelson 6214 Eaglebrook Ave. Tampa,FL 33625-1512	Homemaker Occupation Homemaker	11/01/2000	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
Ms. Jesse Newman 1583 Breakers West Blvd. West Palm Beach,FL 33411-	Homemaker Occupation Homemaker	10/20/2000	100.00
Receipt For: ☐ 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. Joel Newman 355 Ocean Blvd. Golden Beach,FL 33160-2211	Golden Beach Occupation Businessman	11/03/2000	1,000.00
Receipt For: ☐ 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
Ms. Selma R. Newman 1450 West 25 Street Sunset Island, #2 Miami Beach,FL 33140-	Homemaker Occupation Homemaker	11/07/2000	500.00
Receipt For: ☐ 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. Paul P. Newton 740 Osprey Way North Palm Beach,FL 33408-4204	Retired Occupation Retired	10/20/2000	200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	300.00	

SUBTOTAL of Receipts This Page (optional)	$3,800.00
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. Anthony Ninos 102 Riverside Dr., Apt 901 Cocoa,FL 32922-	Retired / Retired	10/23/2000	250.00
Receipt For: ☐ 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. Gerardo M. Norona 1547 Alegriano Ave. Coral Gables,FL 33146-	Self Employed / Investor	10/28/2000	500.00
Receipt For: ☐ 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. Rolland O'Hare 8162 East Jefferson, Apt. 17A Detroit,MI 48214-	Sachs Waldman O'Hare et al / Attorney	10/30/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas E. Oakley P.O. Box 4170 Lake Wales,FL 33853-	Oakley Groves, Inc. / Citrus	10/30/2000	1,000.00
Receipt For: ☐ 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. Louis Denny Oberndorf 6000 Fruitville Rd. Sarasota,FL 34232-	MBII / President & CEO	11/03/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Marcelino Oliva, Jr. PO Box 1234 Dade City,FL 33526	Retired / Physician	10/22/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael J. Overbeck 170 Celestial Way, 3-S Juno Beach,FL 33408-	Lytal & Reiter / Attorney	10/19/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William C. Owen 215 S. Monroe St., Suite 320 Tallahassee,FL 32301-	Self Employed Attorney	10/26/2000	1,000.00
Receipt For: ☐ 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. Bruce Barton Packman 10900 SW 93rd Ave. Miami,FL 33176-	Self Employed Attorney	11/10/2000	500.00
Receipt For: ☐ 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**
Ms. Hugh Palmer 2538 - 44th St., NW Washington,DC 20007-	Homemaker Homemaker	10/30/2000	1,000.00
Receipt For: ☐ 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. S. Clay Parker, IV P.O. Box 2267 Orlando,FL 32802-	Parker Landerman & Parker Attorney	10/21/2000	250.00
Receipt For: ☐ 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. S. Clay Parker P.O. Box 2867 Orlando,FL 32802-	Parker Landerman & Parker Attorney	10/21/2000	250.00
Receipt For: ☐ 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. Lawrence H. Parks II. 2440 16th St. N.W., Apt. 207 Washington,DC 20009-3523	Federal Home Loan Bank of San Investor	10/31/2000	500.00
Receipt For: ☐ 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. Geoffrey Parmer 3221 W. Swann Ave., Apt 8 Tampa,FL 33609-	James, Hoyer, Newcomer, Soriza Attorney	11/01/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$9,500.00
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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph S. Parramore 610-47th Ave. North St. Petersburg,FL 33703-3814	Sun Coast Institute Occupation: Owner	10/29/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Devyani Jayant Patel 1525 West Tennessee Tallahassee,FL 32304-	Self Employed Occupation: Psychiatrist	10/26/2000	1,000.00
Receipt For: ☐ 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. Jayant Bhailal Bhai Patel 1525 West Tennessee Tallahassee,FL 32304-	Lafayette Hotel Occupation: Owner	10/26/2000	1,000.00
Receipt For: ☐ 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
Dr. Pallavi Patel 6800 N. Dale Mabry Highway Tampa,FL 33614-	Self Employed Occupation: Physician	10/26/2000	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. Sarojben Patel 1525 W. Tennessee St. Tallahassee,FL 32304-	Homemaker Occupation: Homemaker	10/26/2000	1,000.00
Receipt For: ☐ 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. Robert L. Paulk, III 1655 SW 4th Ave. Boca Raton,FL 33432-	Self Employed Occupation: Consultant	10/19/2000	250.00
Receipt For: ☐ 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. Andrew Pavolchek 11197 Calenda Rd San Diego,CA 92127	Airfiber Occupation: Engineer	10/24/2000 EarmarkedMoveON	300.00
Receipt For: ☐ 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
Above Contribution Earmarked Through MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Andrew Pavelchek 11197 Calenda Rd San Diego,CA 92127	Airfiber Occupation Engineer	10/31/2000 EarmarkedMoveOn	50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	450.00	

C. 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 PAC P.O. Box 9063 Berkeley,CA 94709	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Daniel S. Pearson P. O. Box 015441 Miami,FL 33101-5441	Holland & Knight Occupation Attorney	11/07/2000	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. Laura Pendergest 2302 Langingwood Germantown,TN 38138-	Homemaker Occupation Homemaker	11/01/2000	1,000.00
Receipt For: ☐ 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. Jeffrey M. Perlow 20026 NE 36th Place Aventura,FL 33180-	Fromberg, Perlow & Kornik Occupation Attorney	11/01/2000	1,000.00
Receipt For: ☐ 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
Ms. Lisa A. Perrault 70 Bay Way San Rafael,CA 94901-	GlobalCenter Occupation Executive Assistant	10/24/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$3,550.00
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. Marian Peters 165 North Sandy Hook Rd. Sarasota,FL 34242- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Grimmy, Inc. President Aggregate Year-to-Date -> 2,000.00	10/31/2000	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. Daniel J. Petro dba Amber Electronic P.O. Box 737 Ocoee,FL 34761- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Amber Electronic, Inc. Owner Aggregate Year-to-Date -> 500.00	10/23/2000	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. John S. Peyton P.O. Box 23627 Jacksonville,FL 32241-3627 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Gale Petroleum Executive Aggregate Year-to-Date -> 500.00	10/23/2000	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. Lawrence H. Plummer 6901 E. Edgewater Dr., Cond. Coral Gables,FL 33133 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Ahern Plummer Funeral Home President Aggregate Year-to-Date -> 500.00	11/01/2000	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. Stephen Power 1600 N.W. 163rd St. Miami,FL 33169- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Southern Wine & Spirits Executive Aggregate Year-to-Date -> 2,000.00	10/23/2000	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. Steven Pressman 16728 NW 14th Court Pembroke Pines,FL 33028- Receipt For: [ ] Primary [X] General [ ] Other (specify)	The Pill Box Pharmacist Aggregate Year-to-Date -> 1,000.00	10/27/2000	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. Luciano Prida 5909 North Rome Ave. Tampa,FL 33604- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed Businessman Aggregate Year-to-Date -> 250.00	11/01/2000	250.00

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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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 Pucillo 224 Dunbar Road Palm Beach,FL 33480-	Burt & Pucillo	10/19/2000	1,000.00
Receipt For: ☐ 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
Dr. Nancy Kohn Rabin 26 Roland Green, Cross Keys Baltimore,MD 21210-	Self Employed	10/27/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: psychologist	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. Robert J. Ratiner 1101 Brickell Ave., Suite 1601 Miami,FL 33131-	Ratiner Reyes & O'Shea	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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. Dana A. Reaud 801 Laurel St. Beaumont,TX 77701-	No Employer	10/31/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Wayne A. Reaud 801 Laurel St. Beaumont,TX 77701	Self Employed	10/31/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James L. Redman P.O. Box 13 Plant City,FL 33564	Trinkle, Redman, Swanson etal	10/20/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 1,250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James L. Redman P.O. Box 13 Plant City,FL 33564	Trinkle, Redman, Swanson etal	10/20/2000	-250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	REATTRIBUTION	
		Aggregate Year-to-Date -> 1,000.00	MEMO

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

A. Full Name, Mailing Address and Zip Code Ms. Ruby Jean Redman P.O. Box 13 Plant City,FL 33564-	**Name of Employer** Homemaker	**Date (month, day, year)** 10/20/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Homemaker	REATTRIBUTION	
	Aggregate Year-to-Date -> 250.00		MEMO
B. Full Name, Mailing Address and Zip Code Ms. Vicki Reeves 8818 Crescent Forest Blvd. New Port Richey,FL 34654-	**Name of Employer** No Employer	**Date (month, day, year)** 10/31/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date -> 500.00		
C. Full Name, Mailing Address and Zip Code Mr. Michael N. Regan 12099 Aladdin Road Jacksonville,FL 32223-3201	**Name of Employer** The St. Joe Company	**Date (month, day, year)** 10/28/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Executive		
	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Ms. Vicki Reininger 1845 Epping Forest Way, South Jacksonville,FL 32217-	**Name of Employer** Homemaker	**Date (month, day, year)** 10/28/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date -> 250.00		
E. Full Name, Mailing Address and Zip Code Ms. Dan Reiter P.O. Box 4056 West Palm Beach,FL 33402-	**Name of Employer** Homemaker	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Homemaker		
	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Mr. Ronald Reshefsky 7842 Afton Villa Court Boca Raton,FL 33433	**Name of Employer** Self Employed	**Date (month, day, year)** 10/20/2000	**Amount of Each Receipt this Period** 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Health Care		
	Aggregate Year-to-Date -> 1,500.00		
G. Full Name, Mailing Address and Zip Code Mr. Richard Retamar 2424 N. Federal Highway, Suite 4600 Boca Raton,FL 33431-	**Name of Employer** Glick & Retamar	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Occupation** Attorney		
	Aggregate Year-to-Date -> 250.00		MEMO

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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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. Mark Revitz 10665 NE Quaylebridge Court Miami,FL 33138-	Pershing Industries Occupation President	10/26/2000	1,000.00
Receipt For: ☐ 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. Angel M. Reyes 1101 Brickell Ave., Suite 1601 Miami,FL 33131-	Ratiner Reyes & O'Shea Occupation Attorney	10/19/2000	1,000.00
Receipt For: ☐ 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. Carolyn Reyes 1101 Brickell Ave., Suite 1601 Miami,FL 33131-	Homemaker Occupation Homemaker	10/19/2000	1,000.00
Receipt For: ☐ 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. Sherry Rice 3711 Buckskin Trail Jacksonville,FL 32277-	Morgan Colling & Gilbert Occupation legal assistant	11/02/2000	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
Mr. Wayne Rich P.O. Box 1911 Orlando,FL 32802-	Self Employed Occupation Investor	10/25/2000	1,000.00
Receipt For: ☐ Primary ☒ 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. Craig P. Rieders 10361 NW 62nd Drive Parkland,FL 33076-2548	Genovese Lichtman et al Occupation Attorney	11/08/2000	500.00
Receipt For: ☐ 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. Robert A. Riesman 140 Freeman Parkway Providence,RI 02906-	Retired Occupation Retired	10/24/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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**

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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. Judith Riley 759 Toneas Way Fort Walton Beach,FL 32547	Valparaiso Realty	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Real estate	Aggregate Year-to-Date -> 1,100.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Joan M. Rivas 23 Shore Dr. Oakdale,NY 11769-1921	Homemaker	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Sidney Robins 4208 Marina Court Cortez,FL 34215-	Retired	11/01/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	Aggregate Year-to-Date -> 350.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Linda Roberts 2910 Orient Rd. Tampa,FL 33619-	Homemaker	11/01/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Gerald Robins 33 Star Island Miami Beach,FL 33139-	No Employer	11/06/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Retired	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. Joan Robins 33 Star Island Miami Beach,FL 33139	Homemaker	11/06/2000	1,000.00
Receipt For: ☐ Primary ☒ 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
Ms. Stacy Lynn Robins 330 - 5th Street Miami Beach,FL 33139-	Info Requested	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Info Requested	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	$5,600.00
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

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
Colonel William B. Robinson 2208 Windsor Road Alexandria,VA 22307-	Retired US Army	10/26/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	900.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lawrence Rodgers 155 South Miami Avenue, Suite 1100 Miami,FL 33130-	Self Employed Attorney	10/31/2000	250.00
Receipt For: [ ] Primary [X] 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. Carlos A. Rodriguez 5330 Banyan Dr. Coral Gables,FL 33156-	Self Employed Attorney	11/04/2000	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
Ms. Deborah S. Rodriguez 6504 East Fowler Ave. Tampa,FL 33617-	Self Employed Accountant	10/19/2000	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
Mr. Gilbert M. Rodriguez 1100 E. Idlewood Ave. Tampa,FL 33604-	Roche Surety & Casualty Co. Vice President	11/01/2000	250.00
Receipt For: [ ] Primary [X] 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. Roger Rodriguez 6504 E. Fowler Ave. Tampa,FL 33617-	Self Employed Accountant	10/19/2000	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
Ms. Mary Margaret Rogers 3710 Galway Dr. Tallahassee,FL 32308-	Homemaker Homemaker	11/06/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	$3,100.00
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

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. Robert Rogers 505 South Flagler Drive Suite 1330 West Palm Beach,FL 33401-	Rogers Bowers & Dempsey	10/23/2000	500.00
Receipt For: [ ] Primary [X] 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. John F. Romano 2800 N. Patrick Circle West Palm Beach,FL 33406-4457	Romano Eriksen & Cronin	10/19/2000	1,000.00
Receipt For: [ ] Primary [X] 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
Ms. Nancy L. Romano 2800 N. Patrick Circle West Palm Beach,FL 33406-4457	Homemaker	10/19/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Homemaker	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. Barry R. Rose 5790 SW 17th Terrace Fort Lauderdale,FL 33312-	Mallah Furman & Company	10/20/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: CPA	Aggregate Year-to-Date ->	250.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David P. Rosenbaum 10912 SW 59th Court Miami,FL 33156-	Mallah Furman & Company	10/20/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: CPA	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
Mr. David Rosenthal 17115 Adlon road Encino,CA 91436-	Casdon Properties, Inc.	10/26/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Chief Financial Officer	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
Ms. Suzanne Rosenthal 17115 Adlon Rd. Encino,CA 91436-	Homemaker	10/26/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Homemaker	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)

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

A. Full Name, Mailing Address and Zip Code Ms. Anna Marie Ross 21790 SW 98th Ave. Miami,FL 33190- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Deanne Ross P.O. Box 2454 Palm Beach,FL 33480-2454 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,500.00	**Date (month, day, year)** 10/20/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Leonard E. Ross 12610 Allendale Circle Fort Myers,FL 33912- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 400.00	**Date (month, day, year)** 10/30/2000	**Amount of Each Receipt this Period** 200.00
D. Full Name, Mailing Address and Zip Code Mr. David J. Rubenzahl 76 N. Broadway Irvington,NY 10533- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 10/31/2000	**Amount of Each Receipt this Period** 250.00
E. Full Name, Mailing Address and Zip Code Mr. Jay Rubin 745 Westerly Parkway State College,PA 16801 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Investor **Aggregate Year-to-Date ->** 550.00	**Date (month, day, year)** 10/30/2000 BarmarkedMoveOn	**Amount of Each Receipt this Period** 100.00
F. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC 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**
G. Full Name, Mailing Address and Zip Code Ms. Joan Ruffier 722 Alba Dr. Orlando,FL 32804- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 11/03/2000	**Amount of Each Receipt this Period** 250.00

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. Rodolfo A. Ruiz 1315 Mendavia Ave. Coral Gables,FL 33146-	Florida Farms & Supplies Executive	11/04/2000	1,000.00
Receipt For: ☐ 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. Lynda J. Russell 9989 Buck Point Road Tallahassee,FL 32312-	Homemaker Homemaker	10/21/2000	250.00
Receipt For: ☐ 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
Ms. D.L. Rutledge 641 Forest Lair Tallahassee,FL 32312-	Self Employed Interior Designer	10/26/2000	1,000.00
Receipt For: ☐ 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. Gary Rutledge 641 Forest Lair Tallahassee,FL 32312-1741	Rutledge,Ecenia,Purnell & Hof Attorney	10/26/2000	500.00
Receipt For: ☐ 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. Jeffrey F. Sagansky 53 East 80Lh St. New York,NY 10021-0236	Paxson Communications President	11/08/2000	1,000.00
Receipt For: ☐ 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. Carlos Saladrigas 11000 SW 83rd Avenue Miami,FL 33156	Vincam Human Resources, Inc Human Resources	11/04/2000	1,000.00
Receipt For: ☐ 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. Olga M. Saladrigas 11000 SW 83rd Ave. Miami,FL 33156-4307	Homemaker Homemaker	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	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

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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. Annie L. Sandler 336 Redgate Ave. Norfolk,VA 23507-1715 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/03/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Mr. Franklin Sands 16170 Saddle Lane Weston,FL 33326- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired **Aggregate Year-to-Date ->** 400.00	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 400.00
C. Full Name, Mailing Address and Zip Code Ms. Leslie Sands 16170 Saddle Lane Weston,FL 33326- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** The Main Event **Occupation** Homemaker **Aggregate Year-to-Date ->** 400.00	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 400.00
D. Full Name, Mailing Address and Zip Code Mr. Eduardo M. Sardina 4995 SW 78th St. Miami,FL 33143- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Bacardi North America, Inc. **Occupation** Executive **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Ms. Anita Scarola 107 Schooner Lane Jupiter,FL 33477- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/21/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 1,000.00 **MEMO**
F. Full Name, Mailing Address and Zip Code Mr. John Scarola 107 Schooner Lane Jupiter,FL 33477- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Searcy Denney Scarla et al **Occupation** Attorney **Aggregate Year-to-Date ->** 3,000.00	**Date (month, day, year)** 10/21/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. John Scarola 107 Schooner Lane Jupiter,FL 33477- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Searcy Denney Scarla et al **Occupation** Attorney **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 10/21/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 1,000.00 **MEMO**

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

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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. Bruce Scheiner P.O. Box 60049 Fort Myers, FL 33905-6049	Self Employed Occupation: Attorney	10/20/2000	500.00
Receipt For: ☐ 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
Dr. Len Schlofman Post Office Box 190 Starke, FL 32091-	Self Employed Occupation: Optometrist	10/31/2000	250.00
Receipt For: ☐ 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
Mrs. Eugene Schnell c/o Longboat Key Democratic Club P.O. Box 8025 Longboat Key, FL 34228-	Homemaker Occupation: Homemaker	10/20/2000	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
Ms. Helen Schnoebelen 207 Second St. Lewes, DE 19958-	Self Employed Occupation: Businesswoman	11/04/2000	1,000.00
Receipt For: ☐ 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. Anna Grete Schrieffer Tournesol Plantation Rt. 3, Box 205 Monticello, FL 32344	Homemaker Occupation: Homemaker	10/23/2000	1,000.00
Receipt For: ☐ 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
Dr. J. Robert Schrieffer Tournesol Plantation Rt. 3, Box 205 Monticello, FL 32344-	Florida State University Occupation: Professor	10/23/2000	1,000.00
Receipt For: ☐ 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. Richard Schuler 132 Spyglass Lane Jupiter, FL 33477-	Schuler & Halverson Occupation: Attorney	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,000.00	

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. Kenneth J. Schulman 21392 Crestfalls Ct. Boca Raton,FL 33428-4849 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employeed **Occupation** Insurance **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/07/2000	**Amount of Each Receipt this Period** 500.00
B. Full Name, Mailing Address and Zip Code Ms. Taryn S. Schulman 21392 Crestfalls Ct. Boca Raton,FL 33428-4849 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employeed **Occupation** Insurance **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/07/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Mr. Gerald K. Schwartz 1688 Meridan Ave., Suite 620 Miami Beach,FL 33139- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Beloff & Schwartz **Occupation** Attorney **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 10/25/2000 Partnership Schwartz	**Amount of Each Receipt this Period** 250.00 >Beloff & **MEMO**
D. Full Name, Mailing Address and Zip Code Beloff & Schwartz 1688 Meridian Ave., Suite 610 Miami Beach,FL 33139- **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**
E. Full Name, Mailing Address and Zip Code Mr. Chase M. Scott P. O. Box 61179 Durham,NC 27715- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Duncan Enterprises **Occupation** Manager **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/07/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code Ms. Rebecca Scott P. O. Box 61179 Durham,NC 27715- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/07/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code Dr. Steven Scott P. O. Box 61179 Durham,NC 27715- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Health Care **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/07/2000	**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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Valria Screen 3100 First Union Financial Center 200 South Biscayne Blvd. Miami,FL 33131-	Verner, Liipfert et. al.	11/01/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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. Fred Seigel 126 Atlantic Ave. North Hampton,NH 03862	Latonia Associates	10/23/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Managing Director	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. Terrell Sessums 5020 Bayshore Blvd., #204 Tampa,FL 33611-	Salem, Saxon & Nielsen	10/19/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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
Shakopee Mdewakanton Sioux Community Mr. Stanley R. Crooks 2330 Sioux Trail NW. Prior Lake,MN 55372-	Indian Nation	10/31/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Indian Nation	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. Frederic Shaw 14924 Draft Horse Lane Wellington,FL 33414-1083	Fidelis Hospitality, Inc.	11/04/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Executive	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
Ms. Shaloma Shawmut-Lessner 15050 SW 63rd Court Miami,FL 33156-	Self Employed	11/03/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Writer/Producer	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. I. William Sheer 23249 Morningside Dr. Southfield,MI 48034-	Sheer Development	11/04/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: President	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**

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. Gary Shendell 5768 NW 38th Terrace Apt. 2414 Boca Raton,FL 33496	Michaud Buschmann Fox et al	11/08/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	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
Ms. Kari A. Shipley 1210 Vista Del Mar Delray Beach,FL 33444-	Homemaker	10/23/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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. Steven Shulman Liberty Lane Hampton,NH 03842-	The Hampton Group	10/23/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Principal	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. Arthur H. Silverman 11020 Piney Meeting House Road Potomac,MD 20854-	The Dutko Group	10/26/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: General Counsel	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. Aaron Simon 171 12th St., Third Floor Oakland,CA 94607-	Self Employed	10/31/2000	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Satya P. Singh 1741 N. W. 104 Ave. Plantation,FL 33322	A P Gupta & Associates	11/07/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Physician	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
Ms. Shobha Singh 1721 N. W. 104 Ave. Plantation,FL 33322-	Homemaker	11/07/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Homemaker	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)

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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. Rick Sisser 2665 S. Bayshore Dr., Suite 1200 Coconut Grove,FL 33133-	Student	11/01/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Student	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
Hon. Jim Slattery 1924 Freedom Lane Falls Church,VA 22043-	Wiley, Rein, & Fielding	11/07/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation: Attorney	Partnership->Wiley, Rein, & Fielding	
	Aggregate Year-to-Date -> 100.00		MEMO

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Baker 1776 K Street, N.W. Washington,DC 20006-		11/07/2000	50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	PARTNERSHIP → WILEY, REIN, & FIELDING	
	Aggregate Year-to-Date -> 50.00		MEMO

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Laura Foggan Wiley, Rein & Fielding 1776 K. Street, NW Washington,DC 20006-		11/07/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	PARTNERSHIP → WILEY, REIN, & FIELDING	
	Aggregate Year-to-Date -> 200.00		MEMO

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Katherine Harris 1776 K Street, N.W. Washington,DC 20006-		11/07/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	PARTNERSHIP → WILEY, REIN, & FIELDING	
	Aggregate Year-to-Date -> 100.00		MEMO

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Peter Klarfeld 1776 K Street, N.W. Washington,DC 20006-		11/07/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	PARTNERSHIP → WILEY, REIN, & FIELDING	
	Aggregate Year-to-Date -> 100.00		MEMO

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Matthew Simchak 1776 K Street, N.W. Washington,DC 20006-		11/07/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	PARTNERSHIP → WILEY, REIN, & FIELDING	
	Aggregate Year-to-Date -> 100.00		MEMO

SUBTOTAL of Receipts This Page (optional)	$1,000.00
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 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
~~Hon. Jim Slattery~~ ~~1924 Freedom Lane~~ ~~Falls Church,VA 22043-~~	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Smith 1776 K Street, N.W. Washington,DC 20006-	Occupation	11/07/2000 PARTNERSHIP → WILEY, REIN, & FIELDING	100.00 MEMO
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	100.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael Sturm 1776 K Street, N.W. Washington,DC 20006-	Occupation	11/07/2000 PARTNERSHIP → WILEY, REIN, & FIELDING	100.00 MEMO
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	100.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wiley, Rein, & Fielding 1776 K Street, N.W. Washington,DC 20006-	Partnership Attribution Listed Individually		
	Occupation See separate listing for partnership		
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
Hon. Jim Slattery 1924 Freedom Lane Falls Church,VA 22043-	Wiley, Rein, & Fielding	11/07/2000	300.00
	Occupation Attorney		
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	400.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Carole Smith 10300 McCraken Road Tallahassee,FL 32309	Homemaker	10/21/2000	500.00
	Occupation Homemaker		
Receipt For: ☐ 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. Pinchor Smith 2609 Lotus Dr. Tallahassee,FL 32312	Self Employed	11/01/2000	250.00
	Occupation restauranteur		
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	$1,050.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jon Smith 1111 3rd Avenue West Suite #110 Bradenton,FL 34205-7845	Self Employed Occupation Real Estate Investor	11/01/2000	500.00
Receipt For: ☐ 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. Lawrence Smith 2111 Stirling Road Fort Lauderdale,FL 33312	Self Employed Occupation Consultant	11/01/2000	250.00
Receipt For: ☐ 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. Trevor G. Smith 4234 Fairway Cir. Tampa,FL 33624	Beverely Resources, Inc. Occupation Insurance	10/28/2000	250.00
Receipt For: ☐ 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
Mr. E. Frank Snellings 624 A Street, SE Washington,DC 20003-1224	Self Employed Occupation Attorney	10/25/2000	1,000.00
Receipt For: ☐ 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. Bonnie Sockel-Stone 3610 Yacht Club Drive Number 1102 Aventura,FL 33180-	Miami-Dade County Occupation Legislative Assistant	11/04/2000	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. Daniel Solomon 176 Alhambra St. San Francisco,CA 94123-	The Solomon Company Occupation Architect	10/25/2000	500.00
Receipt For: ☐ 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. Maurice Sonnenberg 45 East 66th St., Apt. 7S New York,NY 10021-	Self Employed Occupation Consultant	11/02/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	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

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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 Soros 888 Seventh Ave., Suite 3200 New York,NY 10106- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Soros Fund Management **Occupation** Executive	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 750.00
	Aggregate Year-to-Date ->	750.00	
B. Full Name, Mailing Address and Zip Code Ms. Melissa Schiff Soros 888 Seventh Ave., Suite 3200 New York,NY 10106- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Film Maker	**Date (month, day, year)** 10/23/2000	**Amount of Each Receipt this Period** 750.00
	Aggregate Year-to-Date ->	750.00	
C. Full Name, Mailing Address and Zip Code Mr. Robert Soros 888 Seventh Ave., Suite 3200 New York,NY 10106- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Soros Fund Management **Occupation** Executive	**Date (month, day, year)** 10/23/2000	**Amount of Each Receipt this Period** 750.00
	Aggregate Year-to-Date ->	750.00	
D. Full Name, Mailing Address and Zip Code Ms. Susan Weber Soros 888 Seventh Ave., Suite 3200 New York,NY 10106- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Bard Graduate Center **Occupation** Academic Administrator	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 750.00
	Aggregate Year-to-Date ->	750.00	
E. Full Name, Mailing Address and Zip Code Ms. Nancy I. Speare 9132 Ridge Pine Trail Orlando,FL 32819-6822 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired	**Date (month, day, year)** 11/06/2000	**Amount of Each Receipt this Period** 500.00
	Aggregate Year-to-Date ->	750.00	
F. Full Name, Mailing Address and Zip Code Ms. Brenda Spira 946 Rivas Cyn Rd. Pacific Palisades,CA 90272- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 11/03/2000	**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. Brenda Spira 946 Rivas Cyn Rd. Pacific Palisades,CA 90272- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Homemaker **Occupation** Homemaker	**Date (month, day, year)** 11/04/2000	**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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Larry Spira 1000 SR Atlantic Drive Lantana,FL 33462- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed / Physician Aggregate Year-to-Date -> 1,000.00	11/03/2000	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. & Mrs. Ronald Spring 6022 - 143rd Court N.E. Redmond,WA 98052 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Retired / Retired Aggregate Year-to-Date -> 400.00	10/31/2000 EarmarkedMoveOn	100.00
C. 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 PAC P.O. Box 9063 Berkeley,CA 94709 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
Mr. Kelly J. Stacy 1181 Mill Creek Dr. Jacksonville,FL 32259- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Old Dominion Insurace Co. / Executive Aggregate Year-to-Date -> 250.00	10/26/2000	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Andrew J. Starrels 13620 Sunset Blvd. Pacific Palisades,CA 90272- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Casden Properties, Inc. / Senior Vice President Aggregate Year-to-Date -> 1,000.00	10/26/2000	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. Dorinda Dubin Starrels 13620 Sunset Blvd. Pacific Palisades,CA 90272- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Homemaker / Homemaker Aggregate Year-to-Date -> 1,000.00	10/26/2000	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
Dr. Edward Steinberg 100 Sunrise Ave., #311 Palm Beach,FL 33480- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed / Optometrist Aggregate Year-to-Date -> 2,000.00	11/04/2000	1,000.00

SUBTOTAL of Receipts This Page (optional)	$4,350.00
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. Bruce J. Stewart 404 Seneca St. Palo Alto,CA 94301- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer GlobalCenter Occupation Executive Vice President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Delano S. Stewart 11719 Tom Folsom Rd. Thonotosassa,FL 33592- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Ms. Marguerite M. Stichman 245 NW 22nd St. Delray Beach,FL 33444- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Ms. Lena M. Stinson 8111 Megan Place Dr. Houston,TX 77095-2946 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Stanford Financial Group Occupation Executive Vice President Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Ms. Yolanda M. Suarez 6900 SW 91st Ave. Miami,FL 33156- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Stanford Financial Group Occupation Chief of Staff Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Mr. Gene Suttin 2501 N. W. 59th St. Boca Raton,FL 33496- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Self Employed Occupation Developer Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Ralph I. Sutton 188 East 64th St., #3903 New York,NY 10021- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Donaldson Lufgren Jenrette Occupation investment banker Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/19/2000	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

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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. Stephen Swartz 187 Bridle Way Ponte Vedra Beach,FL 32082-	The St. Joe Company Occupation: Vice President	10/28/2000 Aggregate Year-to-Date -> 750.00	500.00
Receipt For: ☐ 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. Henry Swieca 767 - 5th ave., 23rd Floor New York,NY 10153-	Self Employed Occupation: Investor	11/03/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: ☐ 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**
Ms. Libby Taplin 258 Fairview Rd. Palm Beach,FL 33480	Taplin Construction Occupation: President	11/04/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: ☐ 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. David Tarbert 2539 Noble Drive Tallahassee,FL 32312	State of Florida Occupation: Attorney	10/19/2000 EarmarkedMoveOn Aggregate Year-to-Date -> 240.00	65.00
Receipt For: ☐ 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**
Above Contribution Earmarked Through MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709	Occupation	Aggregate Year-to-Date ->	
Receipt For: ☐ 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. Daniel C. Tate, Jr. 4510 Wetherill Rd. Bethesda,MD 20816-1837	Cassidy & Associates Occupation: Vice President	10/27/2000 Aggregate Year-to-Date -> 1,000.00	500.00
Receipt For: ☐ 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**
Capt. John F. Teems 13539 Picarea Dr. Jacksonville,FL 32225-3264	Self Employed Occupation: State Harbor Pilot	11/03/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)			

SUBTOTAL of Receipts This Page (optional)	$4,065.00
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)	Aggregate Year-to-Date	Amount of Each Receipt this Period
A. Ms. Heather Telfer 530 McDaniel St. Tallahassee,FL 32303-5210 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Florida State University Attorney	11/01/2000	700.00	500.00
B. The Kerry Committee Hon. John Kerry 424 C Street, NE Washington,DC 20002- Receipt For: [ ] Primary [X] General [ ] Other (specify)	U.S. Government Member of Congress	10/19/2000	1,000.00	1,000.00
C. Mr. Mike Tholl P.O. Box 110 Daytona Beach,FL 32115- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Employed restauranteur	10/26/2000	650.00	200.00
D. Thurman for Congress Committee Hon. Karen L. Thurman 450 Pleasant Grove Rd. Inverness,FL 34452- Receipt For: [ ] Primary [X] General [ ] Other (specify)	U.S. Government Member of Congress	11/02/2000	1,000.00	1,000.00
E. Mr. Richard Tolbert 3602 Moon Bay Circle Wellington,FL 33414- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Norman Taplin Executive	11/04/2000	300.00	300.00
F. Mr. Enrique A. Tomeu 1000 Southern Blvd., Suite 200 West Palm Beach,FL 33405- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Sebonet Contracting Company President	10/20/2000		1,000.00
G. Mr. Enrique A. Tomeu 1000 Southern Blvd., Suite 300 West Palm Beach,FL 33405- Receipt For: [ ] Primary [X] General [ ] Other (specify)	Sebonet Contracting Company President	10/20/2000	1,000.00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Oreste S. Tomarelli 8249 SW 84th Terrace Miami,FL 33143-	Stanford Financial Group Occupation: Executive	11/01/2000	1,000.00
Receipt For: ☐ 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. Odin A. Tonesa 759 Tonesa Way Fort Walton Beach,FL 32547-	Retired Occupation: Retired	10/19/2000	1,000.00
Receipt For: ☐ 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. Mark Tourin 1001 Brickell Bay Dr., Sute 1400 Miami,FL 33131-	Mallah Furman & Company Occupation: CPA	10/20/2000	250.00
Receipt For: ☐ 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
Hon. Paul S. Trible, Jr. 812 Riverside Dr. Newport News,VA 23606	Christopher Newport University Occupation: President	11/06/2000	1,000.00
Receipt For: ☐ 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
Dr. Michael Troner 14225 S.W. 79th Ct. Miami,FL 33158-	Self Employed Occupation: Response Oncology	10/19/2000	250.00
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. Alvaro Trullenque 981 Kirby Dr. Houston,TX 77019-1515	Stanford Financial Group Occupation: Executive	11/01/2000	1,000.00
Receipt For: ☐ 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. Mark Tucker 3866 Moriarity Court Tallahassee,FL 32308	Broad & Cassel Occupation: Attorney	11/01/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	600.00	

SUBTOTAL of Receipts This Page (optional)	$4,600.00
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	Name of Employer / Occupation	Date (Month, day, year)	Amount of Each Receipt this Period
Tung Hill Farms Trust 1415 East Piedmont Dr., Suite 3 Tallahassee,FL 32312-	Partnership Attribution Listed Individually	10/30/2000	400.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation	Aggregate Year-to-Date ->	400.00
B. Full Name, Mailing Address and Zip Code Hon. Marjorie R. Turnbull 3221 S. Lake Shore Dr. Tallahassee,FL 32312-	Name of Employer Tallahassee Community College	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Executive Director	Aggregate Year-to-Date ->	275.00
C. Full Name, Mailing Address and Zip Code Mr. Michael Udine 6208 N. Commercial Blvd. Fort Lauderdale,FL 33331	Name of Employer Udine & Udine	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	500.00
D. Full Name, Mailing Address and Zip Code Ms. Mifflin Unfelder 2519 Harriman Circle Tallahassee,FL 32312-	Name of Employer Self Employed	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Artist	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code Mr. R. Michael Underwood 1109 Savannah Trace Tallahassee,FL 32312-	Name of Employer Akerman, Senterfitt et. al.	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	250.00
F. Full Name, Mailing Address and Zip Code Prof. James Van Wart 3705-7 South Lake Orlando Parkway Orlando,FL 32808-3051	Name of Employer Retired	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Retired	Aggregate Year-to-Date ->	350.00
G. Full Name, Mailing Address and Zip Code Prof. James Van Wart 3705-7 South Lake Orlando Parkway Orlando,FL 32808-3051	Name of Employer Retired	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Retired	Aggregate Year-to-Date ->	450.00

SUBTOTAL of Receipts This Page (optional)	$1,325.00
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. James Venable P.O. Box 320576 Cocoa Beach,FL 32932-0576 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Venable Realty Occupation: Realtor Aggregate Year-to-Date -> 450.00	Date (month, day, year): 11/04/2000	Amount of Each Receipt this Period: 100.00
B. Full Name, Mailing Address and Zip Code Mrs. Cathy Victor 2922 Medinah Weston,FL 33332 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 500.00	Date (month, day, year): 10/28/2000	Amount of Each Receipt this Period: 500.00
C. Full Name, Mailing Address and Zip Code Mr. Gregory Victor 2922 Medinah Weston,FL 33332 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Adorno & Zeder Occupation: Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 10/28/2000	Amount of Each Receipt this Period: 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Maria Villanueva 11281 NW 59th Terrace Miami,FL 33178- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Stanford Financial Group Occupation: Vice President Aggregate Year-to-Date -> 500.00	Date (month, day, year): 11/01/2000	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and Zip Code Mr. Thomas A. Vinciguerra, Jr. 10130 Grove Ln. Fort Lauderdale,FL 33328- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Summit Global Partners of FL Occupation: Partner Aggregate Year-to-Date -> 650.00	Date (month, day, year): 10/20/2000	Amount of Each Receipt this Period: 500.00
F. Full Name, Mailing Address and Zip Code Ms. Josephine A. Vitale 345 Bayshore Blvd. Tampa,FL 33622- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 10/19/2000	Amount of Each Receipt this Period: 1,000.00
G. Full Name, Mailing Address and Zip Code Mr. Garrett B. Vonk 10245 Osprey Trace West Palm Beach,FL 33412-1546 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Prime Sports Occupation: Executive Aggregate Year-to-Date -> 500.00	Date (month, day, year): 11/04/2000	Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)	$4,100.00
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

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. Donald W. Wallace 1151 Shipwatch Circle Tampa,FL 33602-5756	Self Employed	10/19/2000	500.00
Receipt For: [ ] Primary [X] 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
Ms. Erika Wallace 1151 Shipwatch Circle Tampa,FL 33602-5786	Homemaker	10/19/2000	500.00
Receipt For: [ ] Primary [X] 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
Mr. Thomas Warren 2057 Florida Ave. Tallahassee,FL 32303-5173	Self Employed	10/25/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 2,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lawrence M. Watson 1650 Laurel Road Winter Park,FL 32789-5750	Upchurch Watson & White	10/25/2000	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date -> 250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Russell L. Weaver 6240 E. Mirror Lake Dr., #304 Sebastian,FL 32958-6421	Rauch Weaver Norfleet Kurtz	11/03/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Realtor	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. Peter L. Wechsler 701 Brickell Ave., Suite 1900 Miami,FL 33131-	Ruden, McClosky, Smith et. al.	10/20/2000	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Attorney	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. Lewis Weinberg 3905 Country Club Blvd. Sioux City,IA 51104-	Weinberg Investments	11/03/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Real estate	Aggregate Year-to-Date -> 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**

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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. Frank Weinstein 182 39th Ave. East Seattle,WA 98112 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Concord Fabrics, Inc. Occupation: Consultant Aggregate Year-to-Date -> 2,800.00	Date (month, day, year): 10/30/2000 EarmarkedMoveOn	Amount of Each Receipt this Period: 1,000.00
B. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC 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. Jay Weiss 1600 NW 163rd St. Miami,FL 33169 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Southern Wine & Spirits Occupation: Executive Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 10/23/2000	Amount of Each Receipt this Period: 1,000.00
D. Full Name, Mailing Address and Zip Code Ms. Rachel Weisserberg 768 E. Dania Beach Blvd. Dania,FL 33004- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Neptune Fireworks Occupation: Administrator Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 10/20/2000	Amount of Each Receipt this Period: 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Dennis Wells P.O. Box 952421 Lake Mary,FL 32795- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Self Employed Occupation: Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year): 11/03/2000	Amount of Each Receipt this Period: 250.00
F. Full Name, Mailing Address and Zip Code Mrs. Lynda J. Whitaker 2251 N.W. 20th Court Gainesville,FL 32605- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date -> 250.00	Date (month, day, year): 10/31/2000	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and Zip Code Mr. Scott L. Whitaker 2251 N.W. 20th Court Gainesville,FL 32605- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer: Trinity United Methodist Churc Occupation: Clergy Aggregate Year-to-Date -> 250.00	Date (month, day, year): 10/31/2000	Amount of Each Receipt this Period: 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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Beverly White 3082 Shamrock Court Tallahassee,FL 32308-	Homemaker / Homemaker	10/26/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert M. White 8419 Cargill Point West Palm Beach,FL 33411	Retired / Retired	10/23/2000	100.00
Receipt For: [ ] Primary [X] 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. William Whitney 2215 E. Lakeshore Dr. Tallahassee,FL 32312	Pennington, Moore, Wilkinson / Attorney	10/26/2000	150.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->		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. Howard J. Wiener 6123 NW 31st Ave. Boca Raton,FL 33496-	Self Employed / Attorney	10/19/2000	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lynda Wilentz 5911 SW 33rd Terrace Fort Lauderdale,FL 33312	Self Employed / Travel Agent	10/21/2000	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
Wiley, Rein, & Fielding 1776 K Street, N.W. Washington,DC 20006-	Partnership Attribution: Listed Individually /	11/07/2000	750.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->		750.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Cathi Wilkinson 7273 Ox Bow Road Post Office Box 10095 Tallahassee,FL 32302-	Pennington, Wilkinson / Attorney	10/27/2000	100.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->		350.00

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

A. Full Name, Mailing Address and Zip Code Ms. Patricia S. Willard 962 Bartlett Lane Rockledge,FL 32955- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Nurse	**Date (month, day, year)** 11/03/2000	**Amount of Each Receipt this Period** 100.00
		Aggregate Year-to-Date ->	300.00
B. Full Name, Mailing Address and Zip Code Dr. Landon L. Williams 3960 Harborview Dr. Jacksonville,FL 32208- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Self Employed **Occupation** Physician	**Date (month, day, year)** 11/08/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date ->	500.00
C. Full Name, Mailing Address and Zip Code Ms. Linda M. Williams 4781 Williams Road Tallahassee,FL 32311- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Retired **Occupation** Retired	**Date (month, day, year)** 11/01/2000	**Amount of Each Receipt this Period** 300.00
		Aggregate Year-to-Date ->	300.00
D. Full Name, Mailing Address and Zip Code Mr. Louis L. Williams 147 Thornton Drive Palm Beach Gardens,FL 33418- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Wilkerson & Williams **Occupation** Attorney	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 300.00
		Aggregate Year-to-Date ->	300.00
E. Full Name, Mailing Address and Zip Code Mr. William S. Williams 107 East Inlet Drive Palm Beach,FL 33480- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** Lytal & Reiter **Occupation** Attorney	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date ->	500.00
F. Full Name, Mailing Address and Zip Code Dr. G. Edwin Wilson 150 W. Reading Way Winter Park,FL 32789- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** JLR Medical Group **Occupation** Physician	**Date (month, day, year)** 10/20/2000 EarmarkedMove On	**Amount of Each Receipt this Period** 500.00
		Aggregate Year-to-Date ->	500.00
G. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC P.O. Box 9063 Berkeley,CA 94709 **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)	$2,200.00
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. Warren Wilson 1140 Talbot Avenue Albany,CA 94706	Retired	11/01/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Retired	EarmarkedMove On	
	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 MoveOn.Org PAC P.O. Box 9062 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. Gail Winters 364 Carriage Lane Franklin,IN 46131-	BMG Direct	10/30/2000	150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Data Base Administrator		
	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. Neil Wittenstein 3715 Neptune Dr. Orlando,FL 32804-	Clyde Ferris Plumbing Co.	11/01/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Owner		
	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
Col. Howard Wolf 301 Hiawatha Way Melbourne Beach,FL 32951-	Retired	11/10/2000	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation US Marines		
	Aggregate Year-to-Date ->	400.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jonathan Wolf 364 North Spaulding Lane Heathrow,FL 32746-	Wendover Housing Partners	10/25/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation Developer		
	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. Richard B. Wolf 3965 East 10th Court Hialeah,FL 33013-	Richland Mills	10/22/2000	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation President		
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	$1,750.00
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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bernard Wolfson 2165 Via Abitare Coconut Grove,FL 33133-	Self Employed Hotel Developer	11/02/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Stuart C. Woods 80 Clubhouse Court Vero Beach,FL 32963-	Self Employed Writer	10/24/2000	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. George T. Voss 2601 South Bayshore Dr., Suite 1600 Miami,FL 33133-	Adorno & Zeder Attorney	10/28/2000	500.00
Receipt For: [ ] Primary [X] 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. George T. Voss 2601 South Bayshore Dr., Suite 1600 Miami,FL 33133-	Adorno & Zeder Attorney	11/06/2000	500.00
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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Jane Yudell 17152 Mandylynn Court Boca Raton,FL 33496-	Homemaker Homemaker	11/08/2000	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. Barry Zeidwig 765 Queens Harbor Blvd. Jacksonville,FL 32228 4908	Southern Wine & Spirits General Manager	10/23/2000	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 / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jovan A. Zepcevski 7802 Jean Blvd. Fort Myers,FL 33912-	Zep Construction, Inc. Bridge Contractor	10/21/2000	250.00
Receipt For: [ ] Primary [X] 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)	

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)

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. Donald Zief 143 Eagle Rock Way Montclair,NJ 07042 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** White & Case LLP **Occupation** Attorney Aggregate Year-to-Date -> 300.00	**Date (month, day, year)** 10/31/2000 EarmarkedMove On	**Amount of Each Receipt this Period** 300.00
B. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through MoveOn.Org PAC 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 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 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)	$300.00
TOTAL This Period (last page this line number only)	$399,370.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

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

A. Full Name, Mailing Address and Zip Code Longboat Key Democratic Club Mr. Jerry Kaplan P.O. Box 8025 Longboat Key,FL 34228-	Name of Employer Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	150.00	
B. Full Name, Mailing Address and Zip Code Longboat Key Democratic Club Mr. Jerry Kaplan P.O. Box 8025 Longboat Key,FL 34228-	Name of Employer Occupation	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	450.00	
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)	$450.00
TOTAL This Period (last page this line number only)	$450.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 11

FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)
Bill 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. Akerman, Senterfitt & Eidson, PA-PAC Mr. Bruce Culpepper 255 South Orange Ave., 17th Floor Orlando,FL 32802-		11/06/2000	2,500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,500.00	
B. Full Name, Mailing Address and Zip Code American Assn of Nurse Anesthetists PAC Mr. Frank Purcell 412 First St., SE, Suite 12 Washington,DC 20003-		10/23/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	7,000.00	
C. Full Name, Mailing Address and Zip Code American Assn of Nurse Anesthetists PAC Mr. Frank Purcell 412 First St., SE, Suite 12 Washington,DC 20003-		11/06/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	8,000.00	
D. Full Name, Mailing Address and Zip Code AmerFed ofTeachers Staff Union Comm PAC Mr. Foster J. Stringer, Jr. 555 New Jersey Ave., NW Washington,DC 20001-		10/26/2000	4,800.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	4,800.00	
E. Full Name, Mailing Address and Zip Code American Health Care Association PAC Mr. Bruce Yarwood 1201 L Street NW Washington, DC,DC 20005-		10/19/2000	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	5,000.00	
F. Full Name, Mailing Address and Zip Code American Nurses Association PAC Sheila M. Roit, RN, MPP 600 Maryland Ave. SW, Suite 100W Washington,DC 20024-2571		10/19/2000	5,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	10,000.00	
G. Full Name, Mailing Address and Zip Code American Road & Transportation PAC Mr. Martin T. Whitmer, Jr. 1010 Massachusetts Ave., NW Washington,DC 20001-		10/21/2000	2,500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,500.00	

SUBTOTAL of Receipts This Page (optional)	$17,800.00
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(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 Aventis Pasteur, Inc, PAC Mr. Gregory G. Peterson 801 Pennsylvania ave., NW, Suite 725 Washington,DC 20004- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Bakery Confectionary & Tobacco Work PAC Mr. John Ehrhardt 10401 Connecticut Ave. Kensington,MD 20895-3961 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Bell Atlantic PAC Mr. Mike Troy 1300 I St., NW, Suite 400 W Washington,DC 20005- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and Zip Code BellSouth Telecommunications PAC Mr. Michael S. Raynor 675 W. Peachtree St., NE, Room 36M66 Atlanta,GA 30375- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and Zip Code Brotherhood of Locomotive Engineers PAC Mr. Leroy D. Jones 1370 Ontario Street Cleveland,OH 44113-1702 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 6,000.00	Date (month, day, year) 11/04/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code CSX Corporation Government Fund PAC Mr. Arnold I. Havens 1331 Pennsylvania Ave., NW, Suite 560 Washington,DC 20004 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 5,000.00
G. Full Name, Mailing Address and Zip Code Carpenters' Legislative Improvement PAC Mr. Walter E. Seidel 295 West 79th Place Hialeah,FL 33014- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional)	$23,000.00
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

PAGE 3 OF 11

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
Charter Communications, Inc. PAC 12444 Powerscourt Dr., Suite 400 Saint Louis,MO 63131-		10/28/2000	500.00
Receipt For: ☐ 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
Citigroup Inc. PAC Mr. Timothy R. Campbell 153 East 53rd St. New York,NY 10043-		11/21/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	5,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Committee for Common Sense In Gov't PAC Hon. Bud Cramer P. O. Box 2621 Huntsville,AL 35804-		10/31/2000	1,000.00
Receipt For: ☐ 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
Committee on Political Action of the American Postal Workers Union PAC 1300 L Street, NW Washington,DC 20005-		10/19/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Effective Government Committee PAC 607 - 14th St., NW, Suite 800 Washington,DC 20005-		10/26/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	5,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Equipment Leasing Association PAC Mr. Steve Pier 4301 N. Fairfax Drive Arlington,VA 22203-		11/01/2000	1,000.00
Receipt For: ☐ 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
Fed of American Health Systems PAC Ms. Laura Thavenot 801 Pennsylvania Ave., NW, #245 Washington,DC 20004-2604		11/01/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	$18,500.00
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(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
Fisher Scientific International PAC Mr. Fred Siegal Liberty Lane Hampton,NH 03842-	Occupation	11/06/2000	1,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Citrus Mutual PAC Mr. Andrew W. LaVigne P.O. Box 89 Lakeland,FL 33802-	Occupation	11/01/2000	1,000.00
Receipt For: ☐ 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
Florida Dietetic Assoc Inc. PAC Ms. Christine S. Stapell P.O. Box 12608 Tallahassee,FL 32317-	Occupation	11/02/2000	250.00
Receipt For: ☐ 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
Friends of the Earth PAC Mr. Dan Barry 1025 Vermont Ave., NW, 3rd Floor Washington,DC 20005-	Occupation	11/08/2000	250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glacier PAC Ms. Shannon Finley 203 C. Street, NE Washington,DC 20002-	Occupation	10/19/2000	1,000.00
Receipt For: ☐ 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
Glacier PAC Ms. Shannon Finley 203 C. Street, NE Washington,DC 20002-	Occupation	10/27/2000	1,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gray, Harris & Robinson PAC Mr. Frederick W. Leonhardt 201 E. Pine St., Suite 1200 Orlando,FL 32802-	Occupation	10/26/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	3,000.00	

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

FOR LINE NUMBER 11(c)

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
Great Plains Leadership Fund PAC Hon. Byron L. Dorgan 607 - 14th St., NW, Suite 800 Washington,DC 20005-		11/01/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	3,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Guardian Industries Corp. PAC Mr. Ralph J. Gerson 2300 Harmon Road Auburn Hills,MI 48326-1714		10/27/2000	1,000.00
Receipt For: ☐ 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
Honeywell International PAC Ms. Annette Guarisco, Treasurer 1001 Pennsylvania Ave., Suite 700 Washington,DC 20004-		10/31/2000	2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	4,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hotel Employees & Restaurant Emp. PAC Mr. John W.Wilhelm 1219 - 28th St., NW Washington,DC 20007-		10/26/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	3,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign PAC Mr. Mike Mings 919 - 18th St., NW, Suite 800 Washington,DC 20006-		10/27/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	5,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
IMPACT PAC Hon. Charles E. Schumer 60 Madison Ave., Suite 1201 New York,NY 10010-		10/23/2000	4,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	5,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Independent Bankers PAC Ms. Alison Crombie One Thomas Circle NW, Suite 400 Washington,DC 20005-		10/31/2000	2,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	4,000.00	

SUBTOTAL of Receipts This Page (optional)	$16,500.00
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

PAGE 6 OF 11

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 International Longshoremen's Assn. PAC Mr. Robert E. Gleason 17 Battery Place New York,NY 10004- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 7,500.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 3,000.00
B. Full Name, Mailing Address and Zip Code International Longshoremen's Assn. PAC Mr. Robert E. Gleason 17 Battery Place New York,NY 10004- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 9,500.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and Zip Code INVAPAC Mr. David C. Williams One Invacare Way Elyria,OH 44035- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Inland Coast Education PAC Mr. Bruce D. Proud 2830 Winkler Ave., Suite #205 Fort Myers,FL 33916-9306 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Joint Action Comm. for Pol. Affairs PAC P.O. Box 105 Ms Betsy Sheerr Highland Park,IL 60035- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 3,261.07	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Lykes PAC P.O. Box 300 Tampa,FL 33601- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Marine Engineers Bene Assoc Retirees PAC Pat Morris 444 North Capitol Street, NW, Suite 800 Washington,DC 20001- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	$9,500.00
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(c)

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

NAME OF COMMITTEE (In Full)
Bill 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
Machinists Non-Partisan Political PAC Hon. Frank Ortis 11621 NW 23rd Street Pembroke Pines,FL 33026-	Occupation	10/22/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	5,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mainstream America PAC Sen. John Breaux 301 Main Street, Suite 1400 Baton Rouge,LA 70825-	Occupation	10/30/2000	2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	8,500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manufactured Housing Institute PAC Mr. Ken Cashin 2101 Wilson Blvd., Suite 610 Arlington,VA 22201 3062	Occupation	11/02/2000	1,000.00
Receipt For: ☐ 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
Montgomery Watson Americas, Inc. PAC Mr. Bob Ohler 300 N. Lake Ave., Suite 1200 Pasadena,CA 91109-7009	Occupation	11/03/2000	2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAPUS PAC for Postmasters Mr. Robert M. Levi 8 Herbert St. Alexandria,VA 22305 2600	Occupation	10/20/2000	1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	3,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAPUS PAC for Postmasters Mr. Robert M. Levi 8 Herbert St. Alexandria,VA 22305-2600	Occupation	10/20/2000	1,000.00
Receipt For: ☐ 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
National Association of Retired Federal Employees PAC 606 North Washington Street Alexandria,VA 22314-	Occupation	10/24/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	8,000.00	

SUBTOTAL of Receipts This Page (optional)	$18,000.00
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)

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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

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Nat Assn of Water Companies PAC Mr. Louis C. Jenny 1725 K Street, NW, Suite 1212 Washington,DC 20006- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10/25/2000 1,000.00	1,000.00
B. Full Name, Mailing Address and Zip Code Nat Assn of Securities & Comm. Law PAC Mr. James J. Schweitzer 317 Massachusetts ave., NE, Ste. 300 Washington,DC 20002- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10/28/2000 500.00	500.00
C. Full Name, Mailing Address and Zip Code Nat Assn of Spine Specialists PAC Mr. Eric Muehlbauer 6300 North River Rd., Suite 500 Des Plaines,IL 60018- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	11/06/2000 1,000.00	1,000.00
D. Full Name, Mailing Address and Zip Code Nat Comm to Preserve Soc. Sec. PAC Mr. Max Richtman 10 G St., NE, Suite 600 Washington,DC 20002-4215 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10/23/2000 4,000.00	2,000.00
E. Full Name, Mailing Address and Zip Code National Emergency Medicine PAC Ms. Debbie Campbell P.O. Box 619911 Dallas,TX 75261-9911 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10/23/2000 5,000.00	3,000.00
F. Full Name, Mailing Address and Zip Code New Democratic Network PAC 501 Capitol Court, Suite 200 Mr. Simon Rosenberg Washington,DC 20002- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	10/26/2000 4,574.24	1,000.00
G. Full Name, Mailing Address and Zip Code Pacific Life Insurance PAC Mr. Robert G. Haskell 700 Newport Center Dr. Newport Beach,CA 92660- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	11/07/2000 2,000.00	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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pass PAC Abby H. Bernstein 1150 17th Street, N.W., Suite 702 Washington,DC 20036- Receipt For: [ ] Primary [X] General [ ] Other (specify)		10/26/2000 Aggregate Year-to-Date -> 2,500.00	1,500.00
B. Full Name, Mailing Address and Zip Code Paul Magliocchetti Associates PAC 1755 Jefferson Davis Highway, Ste 1107 Arlington,VA 22202- Receipt For: [ ] Primary [X] General [ ] Other (specify)		11/03/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code Physical Therapy PAC Mr. Michael Matlack 1111 N. Fairfax Street Alexandria,VA 22314- Receipt For: [ ] Primary [X] General [ ] Other (specify)		10/21/2000 Aggregate Year-to-Date -> 3,000.00	2,000.00
D. Full Name, Mailing Address and Zip Code Plumbers Local Union 519 PAC Mr. Phil Trucks, Jr. 14105 NW 58th St. Court Miami Lakes,FL 33014- Receipt For: [ ] Primary [X] General [ ] Other (specify)		11/01/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00
E. Full Name, Mailing Address and Zip Code Searchlight Leadership Fund PAC Sen. Harry Reid 818 Connecticut Avenue, NW, Suite 1100 Washington,DC 20006- Receipt For: [ ] Primary [X] General [ ] Other (specify)		10/30/2000 Aggregate Year-to-Date -> 3,000.00	1,500.00
F. Full Name, Mailing Address and Zip Code Shaw Pittman - PAC Mr. Tom Spulak 2300 N Street, NW Washington,DC 20037-1128 Receipt For: [ ] Primary [X] General [ ] Other (specify)		11/03/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
G. Full Name, Mailing Address and Zip Code Sierra Club PAC 85 Second Street, 2nd Floor San Francisco,CA 94105-3441 Receipt For: [ ] Primary [X] General [ ] Other (specify)		10/24/2000 Aggregate Year-to-Date -> 2,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	$9,000.00
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 LINK: 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 Sierra Club PAC 85 Second Street, 2nd Floor San Francisco,CA 94105-3441 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 3,000.00	**Date (month, day, year)** 10/27/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Southeast Milk, Inc. PAC Mr. Charles Garrison 1531 T St, NW Washington,DC 20009- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 10/27/2000	**Amount of Each Receipt this Period** 500.00
C. Full Name, Mailing Address and Zip Code Spiegel Executive PAC Mr. Michael R. Moran 3500 Lacey Road Downers Grove,IL 60515-5432 **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 11/10/2000	**Amount of Each Receipt this Period** 500.00
D. Full Name, Mailing Address and Zip Code Swisher PAC Mr. Joseph R. Augustus 459 East 16th St. Jacksonville,FL 32206- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/13/2000	**Amount of Each Receipt this Period** 1,000.00
E. Full Name, Mailing Address and Zip Code Technology Network PAC Mr. Kirk Alan Pessner 2600 East Bayshore Dr. Palo Alto,CA 94303- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 10/19/2000	**Amount of Each Receipt this Period** 1,000.00
F. Full Name, Mailing Address and Zip Code The American Institute of Architects PAC 1735 New York Ave., NW Washington,DC 20006- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 11/04/2000	**Amount of Each Receipt this Period** 1,000.00
G. Full Name, Mailing Address and Zip Code The Greater Washington Board of Trade Capital Network - CAPNET PAC 1129 - 20th St., NW, Suite 200 Washington,DC 20036- **Receipt For:** ☐ Primary ☒ General ☐ Other (specify)	**Name of Employer** **Occupation** **Aggregate Year-to-Date ->** 2,000.00	**Date (month, day, year)** 11/13/2000	**Amount of Each Receipt this Period** 2,000.00

SUBTOTAL of Receipts This Page (optional)	57,000.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Hartford Advocates Fund PAC Mr. Joel Freedman Hartford Plaza Hartford,CT 06115-	Occupation	11/07/2000	1,000.00
Receipt For: ☐ 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
Transport Workers Union PAC Mr. Sonny Hall 80 West End Avenue New York,NY 10023-	Occupation	10/19/2000	5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	8,500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Treasury Employees PAC Mr. Jim Wall 901 E. Street, NW Washington,DC 20004-	Occupation	10/23/2000	2,000.00
Receipt For: ☐ 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
United Airlines PAC Mr. John Buscher 1025 Connecticut Ave., NW, Suite 1210 Washington,DC 20036-	Occupation	10/26/2000	2,000.00
Receipt For: ☐ 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
United Mine Workers of America PAC 8315 Lee Highway Fairfax,VA 22031-2215	Occupation	10/28/2000	1,000.00
Receipt For: ☐ 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
Universal Health Services PAC Mr. Alan B. Miller P.O. Box 61558 King Of Prussia,PA 19406-0958	Occupation	11/04/2000	750.00
Receipt For: ☐ 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
	Occupation	/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$11,750.00
TOTAL This Period (last page this line number only)	$148,050.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 Florida 2000 430 S. Capital St., SE Washington,DC 20003-	Name of Employer Occupation Florida 2000	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 10,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	202,000.00	
B. Full Name, Mailing Address and Zip Code Florida 2000 430 S. Capital St., SE Washington,DC 20003-	Name of Employer Occupation Florida 2000	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 14,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date ->	216,000.00	
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)	$24,000.00
TOTAL This Period (last page this line number only)	$24,000.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 13a

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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 Nelson 930 Live Oak Plantation Road Tallahassee,FL 32312- Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Name of Employer State of Florida Occupation Treasurer & Insurance Comm.	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 100,000.00
	Aggregate Year-to-Date ->	100,000.00	
B. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code 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)	$100,000.00
TOTAL This Period (last page this line number only)	$100,000.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 14

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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. Amy Driscoll 11503 NE 11th Place Miami,FL 33161-	TRAVEL REIMBURSEMENT Occupation: Reporter	10/27/2000	208.28
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 208.28		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
St. Petersburg Times 490 First Ave., South Saint Petersburg,FL 33701-	TRAVEL REIMBURSEMENT Occupation:	11/04/2000	342.42
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 342.42		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sun-Sentinel Co. 200 E. Las Olas Blvd. Fort Lauderdale,FL 33301 2293	TRAVEL REIMBURSEMENT Occupation:	11/02/2000	352.26
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 352.26		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Florida Times Union P.O. Box 1949 Jacksonville,FL 32231	TRAVEL REIMBURSEMENT Occupation:	11/04/2000	310.86
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date -> 310.86		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$1,213.82
TOTAL This Period (last page this line number only)	$1,213.82

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	INTEREST	10/31/2000	5,879.39
Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->	131,929.30	

SUBTOTAL of Receipts This Page (optional)	$5,879.39
TOTAL This Period (last page this line number only)	$5,879.39

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
Scott Aaronson 7461 Glendevon Lane Delray Beach, FL 33446	Media Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	2,000.00
Full Name, Mailing Address and Zip Code Scott Aaronson 7461 Glendevon Lane Delray Beach, FL 33446-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/21/2000	Amount of Each Disbursement This Period 52.47
Full Name, Mailing Address and Zip Code Barnes & Noble, Inc. 1480 Apalachee Parkway Tallahassee, FL 32303-	Purpose of Disbursement Newspapers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/22/2000	Amount of Each Disbursement This Period 4.28 MEMO
Full Name, Mailing Address and Zip Code Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Purpose of Disbursement Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/11/2000	Amount of Each Disbursement This Period 6.40 MEMO
Full Name, Mailing Address and Zip Code Office Depot 1416 Apalachee Pkwy Tallahassee, FL 32301-	Purpose of Disbursement Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/09/2000	Amount of Each Disbursement This Period 3.10 MEMO
Full Name, Mailing Address and Zip Code Photo Plus 1815 Thomasville Road Tallahassee, FL 32303-	Purpose of Disbursement Media Photo Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 27.99 MEMO
Full Name, Mailing Address and Zip Code Strauss Gallery 1950 Thomasville Road Tallahassee, FL 32303-	Purpose of Disbursement Media Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 10.70 MEMO

SUBTOTAL of Disbursements This Page (optional)	$2,052.47
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
Joe Abbey 404 E. Brevard St., Apt. 11 Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	52.62
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adkins & Associates, Inc. 2222 Ponce de Leon Blvd., 5th Floor Coral Gables, FL 33134-0503	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	645.30
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allen's Studio 19421 NE 22nd Road North Miami Beach, FL 33179-	Media/Photography Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	319.50
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)	11/01/2000	2,427.83
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)	11/05/2000	166.92
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-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/2000	1,037.28
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-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/14/2000	7,500.00

SUBTOTAL of Disbursements This Page (optional)	$12,149.45
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
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101-0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/2000	2,440.96
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101-0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	657.20
AT&T Wireless Services Post Office Box 129 Newark, NJ 07101-0129	Cell Phones Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	2,020.36
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	92.52
Ms. Alison Baker 2725 Connecticut Ave., NW #608 Washington, DC 20008-	Travel Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	559.40
Ms. Alison Baker 2725 Connecticut Ave., NW #608 Washington, DC 20008-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	1,451.61
Lynn Bannister 1210 Bellon Road Tallahassee, FL 32312-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	1,695.69

SUBTOTAL of Disbursements This Page (optional)	$8,917.74
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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
Lynn Bannister 1210 Betton Road Tallahassee, FL 32312-	Phone Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	4.00
Lynn Bannister 1210 Betton Road Tallahassee, FL 32312-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/14/2000	563.76
Business Communications Inc. 831 N. Monroe St. Tallahassee, FL 32303-	Phone Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/2000	937.14
Marilyn Board 4802 Easy St. Tallahassee, FL 32303-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	590.04
Brents Music Headquarters 1936 Courtney Dr. Fort Myers, FL 33901-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	500.00
Philip Bye 3956 Bobbin Brook Circle Tallahassee, FL 32312-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	52.05
Philip Bye 3956 Bobbin Brook Circle Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	36.99

SUBTOTAL of Disbursements This Page (optional)	$2,683.99
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
Cafe Riva P.O. Box 61051 Fort Myers, FL 33906-	Travel-Food Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	189.74
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caloosa Tent & Renta P.O. Box 101384 Cape Coral, FL 33910-1384	Equipment Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/14/2000	228.52
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chipola Aviation, Inc. P.O. Box 875 Marianna, FL 32447-	Charter Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/03/2000	29,936.31
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-	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	670.79
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-	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/01/2000	603.39
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comcast 3760 Hartsfield Rd. Tallahassee, FL 32303	TV Cable Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	39.80
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David and Sherry Davich 1610 Pennsylvania Avenue Winter Park, FL 32789-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	723.57

SUBTOTAL of Disbursements This Page (optional)	$32,392.12
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
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	723.57 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David and Sherry Davich 1610 Pennsylvania Avenue Winter Park, FL 32789-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	616.02
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/08/2000	142.50 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)	10/31/2000	29.67 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)	10/26/2000	3.20 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)	10/26/2000	32.05 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)	10/31/2000	7.22 MEMO

SUBTOTAL of Disbursements This Page (optional)	$616.02
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
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/2000	0.77 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)	10/25/2000	17.02 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)	10/03/2000	33.00 MEMO
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)	11/06/2000	210.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dodd Printers, Inc. 7550 West 2nd Court Hialeah, FL 33014-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	1,339.91
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tad Dunn 404 E. Brevard St., Apt. 11 Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	86.07
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tad Dunn 404 E. Brevard St., Apt. 11 Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	154.63

SUBTOTAL of Disbursements This Page (optional)	$1,580.61
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
ElectroNet Intermedia Consulting 3411 Capital Medical Boulevard Tallahassee, FL 32308-	Internet Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/01/2000	408.75
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):	11/14/2000	753.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judy Evanko 2 Mayfield Way Boynton Beach, FL 33426-	Photo Developing Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/14/2000	58.94
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):	11/21/2000	43.40
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florida Business Products P.O. Box 5989 Tallahassee, FL 32314-	Equipment Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/05/2000	564.96
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Florida Unemployment Compensation Fund Caldwell Building Tallahassee, FL 32399-0233	Quarterly Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/28/2000	89.12
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Daric Freeman 3914 West 21st Place Panama City, FL 32405-	Equipment Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/05/2000	325.00

SUBTOTAL of Disbursements This Page (optional)	52,243.17
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
Lisa Fuller 233 Office Plaza Tallahassee, FL 32301-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	1,712.00
Margaret Gagnon 500 Red Sail Way Satellite Beach, FL 32937-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/2000	3,169.75
Galaxy Aviation 3800 Southern Boulevard West Palm Beach, FL 33406-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	3,290.00
Greenberg Traurig P.O. Box 1838 Tallahassee, FL 32302-	Legal Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	84.76
Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	Travel Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	258.88
Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	Fundraising Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	2,000.00
Ryan Grindler 218 South Wildwood Dr. Tallahassee, FL 32304-	See Below Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	20.87

SUBTOTAL of Disbursements This Page (optional)	$10,536.26
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
Kinko's 3425 Thomasville Rd. Tallahassee, FL 32312-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/06/2000	20.87 MEMO
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)	11/02/2000	47,061.48
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Tara Hartman 1505 W. Tharpe St., Apt. 1721 Tallahassee, FL 32303-	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	216.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Henry 1901-40 Eagles Landing Blvd. Tallahassee, FL 32308-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/2000	5,552.99
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nick Inamdar 916 N. Gadsden St. Tallahassee, FL 32303-	Travel Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	270.60
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WMC Telecom P.O. Box 932037 Atlanta, GA 31193-2037	Phone Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	2,207.52
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Zack Kobrin 218 S. Wildwood Dr. Tallahassee, FL 32304-	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	176.00

SUBTOTAL of Disbursements This Page (optional)	$55,484.59
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
Danny Lambert U. Box 60155 Tallahassee, FL 32313-	Supply reimbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	11/10/2000	9.60
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Craig Livingston 2677 Old Bainbridge, Apt. 233 Tallahassee, FL 32303-	Payroll Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	521.99
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucien Capehart Photography, Inc. 411 S. County Rd., Suite 201 Palm Beach, FL 33480-4440	Media/Photo Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	10.60
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Angela Mann UBox 61899 Tallahassee, FL 32315-	Salary Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	96.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daniel McLaughlin 4004 Roscrea Dr. Tallahassee, FL 32308-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	916.57
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daniel McLaughlin 4004 Roscrea Dr. Tallahassee, FL 32308-	Media Fee Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	7,805.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daniel McLaughlin 4004 Roscrea Dr. Tallahassee, FL 32308-	Media Fee Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	11/14/2000	2,971.44

SUBTOTAL of Disbursements This Page (optional)	12,331.45
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
MoveOn.Org PAC P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/22/2000	101.76
MoveOn.Org PAC P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/28/2000	75.58
MoveOn.Org PAC P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/05/2000	402.66
MoveOn.Org PAC P.O. Box 9063 Berkeley, CA 94709-0063	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/14/2000	7.41
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee, FL 32312	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/22/2000	24.58
Office Depot 1415 Apalachee Pkwy Tallahassee, FL 32301-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/20/2000	24.50 MEMO
Mr. Bill Nelson 930 Live Oak Plantation Road Tallahassee, FL 32312-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/14/2000	565.97

SUBTOTAL of Disbursements This Page (optional)	$1,257.96
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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):	11/14/2000	281.68
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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/14/2000	124.83
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orange Blossom Catering 224 - 4th St., North Saint Petersburg, FL 33701-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/31/2000	633.77
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michelle Oyola 2626 S. Park Ave., #12-201 Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/05/2000	92.26
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Palmland/Goodway Printing, Inc. 913 NE 6th Ave. Fort Lauderdale, FL 33304-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/31/2000	298.39
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Perkins Coie LLP Accounting Department 1201 Third Ave., 40th Floor Seattle, WA 98101 3099	Legal Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/28/2000	1,905.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Oretha L. Pope 2526 - 28th Ave., South Saint Petersburg, FL 33705-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/28/2000	230.61

SUBTOTAL of Disbursements This Page (optional)	$3,566.54
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-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/27/2000	523.74
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-	P.O. Box Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	64.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Powertel 1233 O.G. Skinner Dr. West Point, GA 31833-	Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	336.23
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere/Expedite Technologies, Inc. P.O. Box 14024 Newark, NJ 07198-0024	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	3,919.60
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere/Expedite Technologies, Inc. P.O. Box 14024 Newark, NJ 07198-0024	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/10/2000	6,351.89
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	836.53
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Reeves 966 Richardson Road Tallahassee, FL 32301-	Fundraising Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/2000	3,500.00

SUBTOTAL of Disbursements This Page (optional)	$15,531.99
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
Service Plus P.O. Box 4197 Tallahassee, FL 32315 4197	Equipment Repairs Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/30/2000	456.03
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/20/2000	802,548.44
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/27/2000	815,139.70
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/30/2000	4,000.00
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	105,500.00
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	11/02/2000	11,183.80
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 H. Washington, DC 20007-	Media Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	72,460.99

SUBTOTAL of Disbursements This Page (optional)	$1,811,288.96
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
Sight & Sound 3745 St. Johns Ind. Pwy West Jacksonville, FL 32246-	Equip. Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	542.20
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sonitrol 1236 Thomasville Rd. Tallahassee, FL 32312-	Security Monitoring Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	117.70
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)	11/01/2000	700.40
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)	11/21/2000	1,328.84
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sterling Productions 9935 SW 196th St. Miami, FL 33157-	Rally Equipment Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	600.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Stout 228 Everest Point, Apt. 108 Casselberry, FL 32707-	Fed Ex Reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/05/2000	34.70
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 fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	6.00

SUBTOTAL of Disbursements This Page (optional)	$3,329.84
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 Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/2000	10.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 10.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 12.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank wire fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 10.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 6.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 6.00
Full Name, Mailing Address and Zip Code SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Purpose of Disbursement Bank wire fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 25.00

SUBTOTAL of Disbursements This Page (optional)	$79.00
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
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/2000	1,067.07
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	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/02/2000	5,451.17
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)	10/21/2000	13,058.27
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
95 Cordova 95 Cordova Street Saint Augustine, FL 32084-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	34.18 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
America OnLine P. O. Box 10810 Washington, DC 20270-	Internet Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	21.95 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amoco Oil Company 300 Interpace Parkway Parsippany, NJ 07054-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	22.85 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amoco Oil Company 300 Interpace Parkway Parsippany, NJ 07054-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	49.46 MEMO

SUBTOTAL of Disbursements This Page (optional)	$19,576.51
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
Angell & Phelps Cafe 156 S. Beach St. Saint Augustine, FL 32084-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/14/2000	26.63 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-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	12.00 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	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/07/2000	12.00 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-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/08/2000	12.00 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-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	12.00 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-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	12.00 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-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	12.00 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 12.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/18/2000	12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303	Purpose of Disbursement Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period -12.00 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/16/2000	12.00 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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/22/2000	12.00 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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	12.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	134.46 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	195.24 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	96.54 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	86.02 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/16/2000	69.84 MEMO
Full Name, Mailing Address and Zip Code Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 47.49 MEMO
Full Name, Mailing Address and Zip Code BP Oil 202 E. Tennessee St. Tallahassee, FL 32301-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 21.48 MEMO
Full Name, Mailing Address and Zip Code BP Oil 202 E. Tennessee St. Tallahassee, FL 32301-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 7.66 MEMO
Full Name, Mailing Address and Zip Code BP Oil 202 E. Tennessee St. Tallahassee, FL 32301	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/08/2000	Amount of Each Disbursement This Period 19.91 MEMO
Full Name, Mailing Address and Zip Code CITGO 5670 N Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 21.36 MEMO
Full Name, Mailing Address and Zip Code Cattleman's Cafe 1018 North Ohio Ave. Live Oak, FL 32060-	Purpose of Disbursement Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 50.34 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
Chevron 152 Thomasville Rd. Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/05/2000	24.79 MEMO
Chevron 152 Thomasville Rd. Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/09/2000	22.43 MEMO
CompUSA 2432 N. Monroe St. Tallahassee, FL 32303-	Software Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	37.44 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	235.50 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	235.50 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	105.50 MEMO
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	147.50 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)	09/11/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/13/2000	245.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/08/2000	122.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	232.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	09/14/2000	211.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	232.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	245.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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)	09/18/2000	211.00 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) 09/18/2000	Amount of Each Disbursement This Period 308.00 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) 08/28/2000	Amount of Each Disbursement This Period 199.50 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) 09/18/2000	Amount of Each Disbursement This Period 211.00 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) 09/16/2000	Amount of Each Disbursement This Period 723.50 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) 09/15/2000	Amount of Each Disbursement This Period 211.00 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) 09/15/2000	Amount of Each Disbursement This Period 441.00 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
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	-211.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	136.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	252.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	252.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	225.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	-211.00 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
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	245.00 MEMO
Full Name, Mailing Address and Zip Code Doubletree Hotel 100 S. Monroe St. Tallahassee, FL 32302-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 103.00 MEMO
Full Name, Mailing Address and Zip Code Doubletree Hotel 100 S. Monroe St. Tallahassee, FL 32302-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 84.70 MEMO
Full Name, Mailing Address and Zip Code Doubletree Hotel 100 S. Monroe St. Tallahassee, FL 32302-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/22/2000	Amount of Each Disbursement This Period 44.70 MEMO
Full Name, Mailing Address and Zip Code Doubletree Hotel 100 S. Monroe St. Tallahassee, FL 32302-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 113.20 MEMO
Full Name, Mailing Address and Zip Code Doubletree Hotel 100 S. Monroe St. Tallahassee, FL 32302-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/22/2000	Amount of Each Disbursement This Period 88.28 MEMO
Full Name, Mailing Address and Zip Code E-Z Serve 3424 Thomasville Rd. Tallahassee, FL 32308-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 21.51 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
Exxon Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/26/2000	15.05 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fairfield Inn 7100 Augusta National Drive Orlando, FL 32822	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/23/2000	72.76 MEMO
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):	09/18/2000	16.78 MEMO
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):	09/18/2000	16.78 MEMO
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):	09/18/2000	24.84 MEMO
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):	09/20/2000	18.20 MEMO
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):	09/20/2000	25.22 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)	09/20/2000	18.72 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101 1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 18.86 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101 1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 32.62 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 18.72 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 14.30 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 16.26 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 15.60 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)	09/20/2000	18.34 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 14.44 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 19.90 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 27.82 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 18.98 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 18.20 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 16.52 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)	09/20/2000	18.72 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	18.60 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	18.72 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	30.16 MEMO
GTEAir 2922 Old Bainbridge Road Tallahassee, FL 32303-	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	60.50 MEMO
H & F Restaurant Route 3, Box 114 Jasper, FL 32052-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/06/2000	2.00 MEMO
H & F Restaurant Route 3, Box 114 Jasper, FL 32052-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/06/2000	16.50 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
Harry's of Ocala 24 SE First Ave. Ocala, FL 34471	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/08/2000	21.01 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/05/2000	71.02 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	72.15 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/05/2000	81.61 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	106.59 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	95.23 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Host International E Laurel Street Tampa, FL 33602-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	25.71 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
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	85.47 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mobil Thomasville Rd. Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	13.50 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)	09/07/2000	32.00 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)	09/15/2000	44.21 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paradies 8250 Jamaican Court Orlando, FL 32819-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	7.42 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)	09/12/2000	7.21 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)	09/08/2000	17.75 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
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	16.29 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	09/06/2000	32.43 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/2000	660.00 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/12/2000	112.75 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	08/31/2000	5.40 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/23/2000	198.00 MEMO
Publix 3483 Thomasville Rd. Tallahassee, FL 32308-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	133.80 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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
Publix 3483 Thomasville Rd. Tallahassee, FL 32308-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	40.19 MEMO
Publix 3483 Thomasville Rd. Tallahassee, FL 32308-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/09/2000	55.20 MEMO
Republic Parking System 306 South Duval St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	8.00 MEMO
Ric Brava 1102 N Dale Mabry Spring Hill, FL 34607-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/22/2000	43.29 MEMO
Ruscito 521 NE 23rd Ave Gainesville, FL 32609-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/09/2000	34.92 MEMO
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/02/2000	26.01 MEMO
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/28/2000	16.83 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/2000	22.78 MEMO
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/2000	15.74 MEMO
Spacecoast Tiger Bay 347 Orlando Ave. Indialantic, FL 32903-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	25.00 MEMO
Spacecoast Tiger Bay 347 Orlando Ave. Indialantic, FL 32903-	Fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	50.00 MEMO
Splash N Dash 3304 W Highway 98 Panama City, FL 32401-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	4.00 MEMO
Steve's American Cafe 12 West University Gainesville, FL 32601-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/08/2000	155.42 MEMO
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/05/2000	29.00 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
SunTrust P.O. Box 3926 Tallahassee, FL 32315-3926	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/25/2000	91.49 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	fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/29/2000	15.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Copy 635 W. Tennessee St. Tallahassee, FL 32304-	Copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/07/2000	201.97 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Copy 635 W. Tennessee St. Tallahassee, FL 32304-	Copies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	7.34 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/29/2000	19.03 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/23/2000	18.76 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/23/2000	5.09 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
Topaz 1224 S. Ocean Shore Blvd. Flagler Beach, FL 32136-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/09/2000	109.00 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) 09/08/2000	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) 09/01/2000	Amount of Each Disbursement This Period 247.00 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) 09/07/2000	Amount of Each Disbursement This Period 289.00 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) 08/31/2000	Amount of Each Disbursement This Period 93.50 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) 09/11/2000	Amount of Each Disbursement This Period 144.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period -122.50 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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)	09/15/2000	299.42 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) 09/18/2000	Amount of Each Disbursement This Period 144.50 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) 09/15/2000	Amount of Each Disbursement This Period 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) 09/28/2000	Amount of Each Disbursement This Period 352.05 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) 09/14/2000	Amount of Each Disbursement This Period 144.50 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) 09/18/2000	Amount of Each Disbursement This Period 716.00 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) 09/22/2000	Amount of Each Disbursement This Period 253.00 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
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/23/2000	-218.50 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) 09/22/2000	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) 09/25/2000	Amount of Each Disbursement This Period 147.00 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) 09/21/2000	Amount of Each Disbursement This Period 218.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	**Purpose of Disbursement** Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period -144.50 MEMO
Full Name, Mailing Address and Zip Code Walgreen 1155 Apalachee Parkway Tallahassee, FL 32301-	**Purpose of Disbursement** Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 59.87 MEMO
Full Name, Mailing Address and Zip Code Walmart 1700 Thomasville Rd. Tallahassee, FL 32308-	**Purpose of Disbursement** Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/23/2000	Amount of Each Disbursement This Period 11.40 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
Walmart 1700 Thomasville Rd. Tallahassee, FL 32308-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/14/2000	1.90 MEMO
Full Name, Mailing Address and Zip Code SunTrust BankCard , N.A. P.O. Box 4911 Orlando, FL 32892-4911	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/09/2000	Amount of Each Disbursement This Period 24,208.56
Full Name, Mailing Address and Zip Code America OnLine P. O. Box 10810 Washington, DC 20270-	Purpose of Disbursement Internet Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 21.95 MEMO
Full Name, Mailing Address and Zip Code American Air P.O. Box 619616 Dallas, TX 75261-9612	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/21/2000	Amount of Each Disbursement This Period 283.50 MEMO
Full Name, Mailing Address and Zip Code Amoco Oil Company 300 Interpace Parkway Parsippany, NJ 07054-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 20.41 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/14/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 12.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	$24,208.56
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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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	20.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/17/2000	Amount of Each Disbursement This Period 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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/17/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/23/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/23/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/23/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/21/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/20/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/19/2000	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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/05/2000	12.00 MEMO
Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	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-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Astro Travel & Tours 926 N. Monroe Street Tallahassee, FL 32303-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/27/2000	Amount of Each Disbursement This Period 12.00 MEMO
Full Name, Mailing Address and Zip Code Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 172.42 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/17/2000	214.32 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	866.61 MEMO
Avis Rent A Car 3300 SW Capital Circle Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/2000	88.71 MEMO
BP Oil 202 E. Tennessee St. Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/2000	27.05 MEMO
CITGO 5670 N Monroe Street Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/17/2000	18.72 MEMO
Captain Andersons 5551 North Lagoon Drive Panama City Beach, FL 32408-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	262.61 MEMO
Captain Andersons 5551 North Lagoon Drive Panama City Beach, FL 32408-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	231.64 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
Captain Andersons 5551 North Lagoon Drive Panama City Beach, FL 32408-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	274.11 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	235.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	115.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	53.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	115.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental 1600 Smith P.O. Box 4607 Houston, TX 77002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	115.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crowne Plaza Hotels 1601 West Belvedere Road West Palm Beach, FL 33406-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/15/2000	94.75 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)	09/30/2000	118.69 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	225.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	381.07 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	225.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	252.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	484.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	252.50 MEMO

SUBTOTAL of Disbursements This Page (optional)	50.00
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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)	10/14/2000	62.72 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	175.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/20/2000	-144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/21/2000	229.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	252.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	144.50 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	969.00 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
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	969.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	211.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	288.75 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	397.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	-289.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	289.00 MEMO
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	289.00 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
Delta Airlines Hartfield International Airport Atlanta, GA 30320-	Travel credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/2000	-122.50 MEMO
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)	10/05/2000	397.00 MEMO
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 Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/06/2000	-252.50 MEMO
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)	10/05/2000	252.50 MEMO
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 credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/04/2000	-308.00 MEMO
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)	10/02/2000	267.00 MEMO
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)	10/03/2000	252.50 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
Dollar Rent-a-Car 1900 Capital Circle SW Tallahassee, FL 32310-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	334.12 MEMO
Dollar Rent-a-Car 1900 Capital Circle SW Tallahassee, FL 32310-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	1,150.37 MEMO
Dollar Rent-a-Car 1900 Capital Circle SW Tallahassee, FL 32310-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	939.00 MEMO
Dollar Rent-a-Car 1900 Capital Circle SW Tallahassee, FL 32310-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	770.50 MEMO
Enterprise Rent-A-Car 320 Nina Road Tallahassee, FL 32304-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	219.95 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/03/2000	15.60 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/03/2000	15.60 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)	10/04/2000	25.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 15.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101 1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/04/2000	Amount of Each Disbursement This Period 11.44 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 24.18 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 18.20 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 15.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 32.62 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)	09/30/2000	25.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 12.62 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 18.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 18.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/07/2000	Amount of Each Disbursement This Period 18.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 22.62 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/09/2000	Amount of Each Disbursement This Period 29.00 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
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	23.28 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	28.72 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	16.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	25.36 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	11.06 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	21.98 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	25.62 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)	10/07/2000	13.40 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 25.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/07/2000	Amount of Each Disbursement This Period 18.34 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/07/2000	Amount of Each Disbursement This Period 38.22 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/09/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/09/2000	Amount of Each Disbursement This Period 16.52 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/07/2000	Amount of Each Disbursement This Period 18.34 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)	09/30/2000	14.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/2000	16.78 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	13.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	28.72 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	17.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	14.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/2000	19.72 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)	10/16/2000	17.30 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 18.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 15.34 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 11.44 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 15.34 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 15.22 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 16.78 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	18.34 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	25.34 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	10.75 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	16.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	13.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	13.52 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101 1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	21.06 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)	10/22/2000	28.72 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 13.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 16.90 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 17.75 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 22.62 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)	10/25/2000	29.64 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 14.30 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 16.78 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 15.34 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 21.32 MEMO

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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
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	29.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	24.70 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	14.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	16.78 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	9.71 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	9.71 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	9.71 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)	10/18/2000	9.71 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.66 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.71 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.66 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.71 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 16.52 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 14.30 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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)	10/16/2000	13.26 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 21.98 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.71 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 30.82 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.66 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 13.52 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 9.71 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	25.62 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	25.62 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	9.71 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	9.71 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	14.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/22/2000	14.30 MEMO
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	11.79 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):	10/18/2000	10.23 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 10.75 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 18.60 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 12.83 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101 1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 10.23 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 10.23 MEMO
Full Name, Mailing Address and Zip Code FedEx P.O. Box 1140 Memphis, TN 38101-1140	Purpose of Disbursement Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year) 10/18/2000	Amount of Each Disbursement This Period 12.83 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
FedEx P.O. Box 1140 Memphis, TN 38101-1140	Communications Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/2000	18.60 MEMO
Full Name, Mailing Address and Zip Code Garden Restaurant 217 Central Avenue Saint Petersburg, FL 33701	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/01/2000	Amount of Each Disbursement This Period 30.16 MEMO
Full Name, Mailing Address and Zip Code Hawks Nest 123 E Beach Drive Panama City, FL 32401-	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/27/2000	Amount of Each Disbursement This Period 140.32 MEMO
Full Name, Mailing Address and Zip Code Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/2000	Amount of Each Disbursement This Period 167.01 MEMO
Full Name, Mailing Address and Zip Code Hilton Hotels 5757 Century Blvd Los Angeles, CA 90004-6	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/2000	Amount of Each Disbursement This Period 181.32 MEMO
Full Name, Mailing Address and Zip Code Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1269	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 60.45 MEMO
Full Name, Mailing Address and Zip Code Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1269	Purpose of Disbursement Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 59.95 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/24/2000	121.81 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	170.93 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	14.25 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/02/2000	95.46 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	2,592.46 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/17/2000	64.72 MEMO
Holiday Inn 3 Ravina Dr., Suite 2000 Atlanta, GA 30346-1249	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/2000	83.31 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
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/24/2000	87.48 MEMO
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/08/2000	96.11 MEMO
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/17/2000	208.11 MEMO
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/17/2000	6.82 MEMO
Hyatt Hotels International Airport Orlando, FL 32816-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/17/2000	195.36 MEMO
Lucien Capehart Photography, Inc. 431 S. County Rd., Suite 201 Palm Beach, FL 33480-4440	Media/Photo Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/02/2000	31.80 MEMO
Miami Subs 649 W. Tennessee Street Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/10/2000	12.42 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
Mobile Oil 1215 S Adams Street Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	11.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Murray's Cafe 660 Baldwin Ave Defuniak Springs, FL 32433-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	114.10 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)	10/22/2000	24.94 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)	10/16/2000	32.00 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)	10/21/2000	44.36 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)	10/08/2000	43.78 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Photo Plus 1615 Thomasville Road Tallahassee, FL 32303-	Media - Photo Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	23.92 MEMO

SUBTOTAL of Disbursements This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
Piccadilly 816 So. Military Trail West Palm Beach, FL 33415-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/15/2000	15.88 MEMO
Pop-A-Lock 2303 Monroe Street Tallahassee, FL 32301-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/02/2000	53.37 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/2000	27.12 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	337.94 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	53.46 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/13/2000	338.05 MEMO
Postmaster 2355 Centerville Road Tallahassee, FL 32308-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	6.40 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	332.86 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Powertel 1233 O.G. Skinner Dr. West Point, GA 31833-	Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	197.92 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schlotzsky's 229 West Fairbanks Avenue Winter Park, FL 32789-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/17/2000	50.75 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schlotzsky's 229 West Fairbanks Avenue Winter Park, FL 32789	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/2000	35.33 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/2000	33.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shell Oil Company 1525 East Colonial Drive Orlando, FL 32803-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	30.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwest Air 1715 N. West Shore Blvd. Tampa, FL 33607-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/2000	75.50 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
Southwest Air 1715 N. West Shore Blvd. Tampa, FL 33607-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	151.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TGI Fridays 64 Town Center Boca Raton, FL 33431-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/16/2000	23.06 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tallahasseee Copy & Printing 1031 N. Monroe St. Tallahassee, FL 32303-	Paper Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	390.55 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/13/2000	18.65 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/26/2000	19.34 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	19.00 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texaco 651 Thomasville Road Tallahassee, FL 32303-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/27/2000	51.94 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
The Beeper Kings 507 S. Woodward Ave., Suite D Tallahassee, FL 32304-	Pager Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/22/2000	28.49 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Biltmore Hotel 1200 Anastasia Ave. Coral Gables, FL 33134-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/13/2000	120.38 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Biltmore Hotel 1200 Anastasia Ave. Coral Gables, FL 33134-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/17/2000	24.19 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Biltmore Hotel 1200 Anastasia Ave. Coral Gables, FL 33134-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/13/2000	143.67 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tuesday Morning 1440 Market Street Tallahassee, FL 32312-	Mistake - Credit issued Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/28/2000	331.66 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tuesday Morning 1440 Market Street Tallahassee, FL 32312-	Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	09/29/2000	331.66 MEMO
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):	10/19/2000	458.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	$0.00
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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
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/17/2000	76.50 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) 10/17/2000	Amount of Each Disbursement This Period 112.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/14/2000	Amount of Each Disbursement This Period -144.50 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) 10/19/2000	Amount of Each Disbursement This Period 144.50 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) 10/12/2000	Amount of Each Disbursement This Period 203.50 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) 10/20/2000	Amount of Each Disbursement This Period 147.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/21/2000	Amount of Each Disbursement This Period -144.50 MEMO

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	144.50 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) 10/20/2000	Amount of Each Disbursement This Period 249.50 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) 10/10/2000	Amount of Each Disbursement This Period 203.50 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) 09/29/2000	Amount of Each Disbursement This Period 210.00 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) 10/06/2000	Amount of Each Disbursement This Period 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) 10/06/2000	Amount of Each Disbursement This Period 144.50 MEMO
Full Name, Mailing Address and Zip Code USAir P.O. Box 66100 Winston Salem, NC 27102-1501	Purpose of Disbursement Travel credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period -247.50 MEMO

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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
USAir P.O. Box 99100 Winston Salem, NC 27102-1501	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	337.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
USAir P.O. Box 99100 Winston Salem, NC 27102-1501	Travel Credit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/11/2000	-144.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taylor Rental 12090 Metro Parkway Fort Myers, FL 33912-	Equip. Rental/GOTV Rally Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	162.77
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tiani's Cleaning Service 3659 Matt Wing Tallahassee, FL 32311-	October Cleaning Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	160.50
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Printing 2321 Pembroke Road Hollywood, FL 33020-	Printing/Signs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	2,373.34
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/28/2000	71.31
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/21/2000	32.40

SUBTOTAL of Disbursements This Page (optional)	$2,800.32
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
Bridget Walsh 236 Massachusetts Ave., NW Suite 206 Washington, DC 20002-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	11/05/2000	230.12
Don Walters P.O. Box 149 Chipley, FL 32428-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/27/2000	991.84
Heather Wells 124 SweetBay Lane Orlando, FL 32835-	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	10/28/2000	182.98
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	/ /	

SUBTOTAL of Disbursements This Page (optional)	$1,404.94
TOTAL This Period (last page this line number only)	$2,024,032.48

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 20a

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
Rhea Chiles 7193 Ox Bow Circle Tallahassee, FL 32312	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/24/2000	200.00
Jay Comeaux 2211 Augusta Dr., No. 18 Houston, TX 77057-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/06/2000	1,000.00
Dean Goodman 525 S. Flagler Drive, Apt. 21N West Palm Beach, FL 33401-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/19/2000	1,000.00
Evelyn Goodman 6245 SW 117th Terrace Miami, FL 33158-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/24/2000	250.00
Diane Heller 50 W. Dilido Dr. Miami Beach, FL 33139-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/25/2000	100.00
Jeanne Jacobson 1521 S. Lakeshore Dr. Sarasota, FL 34231-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/21/2000	200.00
Samir Khatib 7936 Clubhouse Estates Dr. Orlando, FL 32819-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/25/2000	500.00

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 20a

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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
Daniel Kranzler 1140 - 23rd St., NW Suite 402 Washington, DC 20037-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/03/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sally Kranzler 1140 - 23rd St., NW, Suite 402 Washington, DC 20037-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/03/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce Minnick 9017 Eagles Ridge Dr. Tallahassee, FL 32312-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/04/2000	200.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brenda Spira 946 Rivas Cyn Rd. Pacific Palisades, CA 90272-	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/04/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Enrique Tomeu 1000 Southern Blvd., Suite 300 West Palm Beach, FL 33405	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/20/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Weinstein 482 39th Ave. East Seattle, WA 98112	Excess Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/03/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$5,200.00
TOTAL This Period (last page this line number only)	$8,450.00

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

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