

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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04/14/2000 17 : 49

<b>1. NAME OF COMMITTEE (in full)</b> <b>Bill Sublette for US Congress</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00348585
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 25 South Magnolia Ave.		
<b>CITY, STATE, and ZIP CODE</b> Orlando FL 32801	<b>STATE / DISTRICT</b> /	<b>3. IS THIS REPORT AN AMENDMENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> April 15 Quarterly Report<br><br><input type="checkbox"/> July 15 Quarterly Report<br><br><input type="checkbox"/> October 15 Quarterly Report<br><br><input type="checkbox"/> January 31 Year End Report<br><br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____<br><small>(election type)</small><br>election on _____ in the State of _____.<br><br><input type="checkbox"/> Thirtieth day report following the General Election<br><br>on _____ in the State of _____.<br><br><input type="checkbox"/> Termination report |
|--|---|

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

## SUMMARY

5. Covering period <u>01/01/2000</u> through <u>03/31/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a)) .....	93951.80	93951.80
(b) Total Contribution Refunds (from line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	93851.80	93851.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17) .....	61597.44	61597.44
(b) Total Offsets to Operating Expenditures (from line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	61597.44	61597.44
8. Cash on Hand at Close of Reporting Period (from line 27) .....	194089.40	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Type or Print Name of Treasurer

**Electronically Filed by Julie O'Kane**

Signature of Treasurer

Date

04/14/2000

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

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**FEC FORM 3**  
(revised 4/87)

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

Name of Committee (In Full) Bill Sublette for US Congress	Report Covering the Period From: 01/01/2000 To: 03/31/2000	
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees .....		
(i) Itemized (use Schedule A) .....	60862.80	
(ii) Unitemized .....	17419.00	
(iii) Total of contributions from individuals .....	78101.80	78101.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15850.00	15850.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	93951.80	93951.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate .....	0.00	0.00
(b) All Other Loans .....	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) .....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	1676.22	1676.22
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....	95628.02	95628.02
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES .....	61597.44	61597.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate .....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	100.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....	61697.44	61697.44
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....		160158.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....		95628.02
25. SUBTOTAL (add Line 23 and Line 24) .....		255786.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....		61697.44
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		194089.40

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 35</b>
			FOR LINE NUMBER <b>11A1</b>

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 Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> David Bressler  9419 Belmont Terrace  Oviedo FL 32765  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Bressler Companies  <b>Occupation</b> President  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 01/05/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Leonard Williams  2518 Norfolk Rd.  Orlando FL 32805  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Wayne Densch, Inc.  <b>Occupation</b> Business Owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 01/05/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Stanley Tate  1175 NE 125th Street Suite 102 North Miami FL 33161  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Stanley Tate Bulder  <b>Occupation</b> Business Owner  <b>Aggregate Year-to-Date</b> > \$ 50.00	<b>Date (month, day, year)</b> 01/06/2000	<b>Amount of Each Receipt this Period</b> 50.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Stanley Tate  1175 NE 125th Street Suite 102 North Miami FL 33161  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Stanley Tate Bulder  <b>Occupation</b> Business Owner  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 01/06/2000	<b>Amount of Each Receipt this Period</b> 950.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Kendrix Adcock  700 Westwind Ct.  Maitland FL 32751  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 01/11/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Robert Winter  131 Stonehill Dr.  Maitland FL 32751  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 01/12/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Paul Curtis  425 West Colonial Dr. Suite 201 Orlando FL 32804  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Paul Curtis Properties  <b>Occupation</b> Owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 01/14/2000	<b>Amount of Each Receipt this Period</b> 500.00 check

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 35
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Joe Pollich  31 Oakleigh Lane  Maitland FL 32751  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Traubman & Williams, P.A.  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 01/19/2000	<b>Amount of Each Receipt this Period</b> 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Kevin Patrick Bailey  PO Drawer 193  Orlando FL 32802  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Kevin Patrick Bailey, PA  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 01/24/2000	<b>Amount of Each Receipt this Period</b> 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Kathleen Flammia  340 N. Orange Ave. Suite D Orlando FL 32801  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Kathleen Flammia, PA  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 01/24/2000	<b>Amount of Each Receipt this Period</b> 350.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Fraternal Order of Police  PO Box 2085  Orlando FL 32802-2850  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 01/24/2000	<b>Amount of Each Receipt this Period</b> 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Elizabeth Jasmund  916 Seville Place  Orlando FL 32804  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 01/28/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Derrick Cox  2031 Temple Dr.  Winter Park FL 32789  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hurley & Rogner, Miller, Cox & War  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 01/31/2000	<b>Amount of Each Receipt this Period</b> 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> William Tew  1015 Lancaster Dr.  Orlando FL 32806  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> CB Richard Ellis  <b>Occupation</b> Real Estate Broker  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 02/01/2000	<b>Amount of Each Receipt this Period</b> 200.00 check
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 35
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Callan  1144 Windsong  Orlando FL 32800		Name of Employer Sparkes, Cooper & Latham  Occupation Attorney		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Billy Heller  5221 Butler Ridge  Windermere FL 34786		Name of Employer Heller Brothers, Inc.  Occupation Business Owner		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Nancy Spears  9132 Ridge Pine Trail  Orlando FL 32803		Name of Employer N/A  Occupation Retired		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Spears  9132 Ridge Pine Trail  Orlando FL 32818		Name of Employer N/A  Occupation Retired		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Cathie Hemdon  PO Box 10949  Tallahassee FL 32302		Name of Employer Self Employed  Occupation Government Relations Consultant		Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Kelso  7614 Pine Haven Ct.  Orlando FL 32819-7110		Name of Employer Bressler Companies  Occupation Advertising Executive		Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mary Nuris  6324 Deacon Circle  Windermere FL 34786		Name of Employer N/A  Occupation Retired		Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 1000.00 check
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 35</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Richard Nuris  6324 Deacon Circle  Windermere FL 34786  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N/A	Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Nuris  6324 Deacon Circle  Windermere FL 34786  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N/A	Date (month, day, year) 02/07/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Israel  700 Pinetree Rd.  Winter Park FL 32789  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Universal Engineering	Date (month, day, year) 02/11/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Business Owner		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Johnny Jaled  1010 Greentree Dr.  Winter Park FL 32789  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Accredited Surety & Casualty	Date (month, day, year) 02/11/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> David Rankin  3162 Cecelia Dr.  Apopka FL 32703  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Colonial Bank	Date (month, day, year) 02/11/2000	Amount of Each Receipt this Period 500.00 check
	Occupation President		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Alan Rowe  3544 Country Lakes Dr.  Orlando FL 32812  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer First Commerical Bank	Date (month, day, year) 02/11/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Business CEO		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mary Jo Ardaman  2052 Carolina Ave.  Gotha FL 32734  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N/A	Date (month, day, year) 02/17/2000	Amount of Each Receipt this Period 100.00 check
	Occupation Self Employed		
	Aggregate Year-to-Date > \$ 100.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		7 / 35
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald Parker  4418 Cluster Dr.  Orlando FL 32808	<b>Name of Employer</b> Florida Auto Auction  <b>Occupation</b> Business Manager  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/17/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> William Turner  6959 Crichton Woods Dr.  Orlando FL 32819	<b>Name of Employer</b> Akermann, Senterfit et al  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/17/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Joseph Fuller  1762 Bridgewater Dr.  Heathrow FL 32746	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Chiropractor  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/21/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. David Libert  1215 East Lake Colony Dr.  Maitland FL 32751	<b>Name of Employer</b> First Choice Medical Cent-er  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/21/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Suzanne McNeil  47 NW Ivanhoe Blvd.  Orlando FL 32804	<b>Name of Employer</b> N/A  <b>Occupation</b> Retired  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/21/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> James Meyer  995 Greentree Dr.  Winter Park FL 32789	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 02/21/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Jay Schenck  4161 John Young Parkway  Orlando FL 32804	<b>Name of Employer</b> Schenck Distributing  <b>Occupation</b> Business Owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/21/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 35</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Jeff Schenck  4151 John Young Parkway  Orlando FL 32804 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Schenck Distributing	Date (month, day, year) 02/21/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Business Owner		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Jack Amon  PO Box 721  Oakland FL 34760 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Amon's Groves	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 271.56 Inkind catering
	Occupation Agriculture		
	Aggregate Year-to-Date > \$ 271.56		
<b>Full Name, Mailing Address, and ZIP Code</b> Kevin Anderson  330 White Oak Circle  Maitland FL 32751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Kurt Ardaman  170 East Washington St.  Orlando FL 32801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fishback, Bennet, Stepter, Ardaman	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 271.56 Inkind catering
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 271.56		
<b>Full Name, Mailing Address, and ZIP Code</b> Derek Blakeslee  PO Box 770174  Winter Garden FL 34777 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sines, Girvin, Balkaslee & Campbell	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 271.56 inkind catering
	Occupation Accountant		
	Aggregate Year-to-Date > \$ 271.56		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. John Cappleman  10000 West Colonial Dr. Suite 1403 Ocoee FL 34761 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HealthCentral	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 271.56 Inkind catering
	Occupation Physician		
	Aggregate Year-to-Date > \$ 271.56		
<b>Full Name, Mailing Address, and ZIP Code</b> Jeffery Fleming  3124 Tall Timber Dr.  Orlando FL 32812 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rogers, Dowling, Fleming & Coleman	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>9 / 35</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Petro  PO Box 737  Ocoee FL 34761  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Amber Electric  <b>Occupation</b> Business Chief Executive Officer  <b>Aggregate Year-to-Date</b> > \$ 271.50	<b>Date (month, day, year)</b> 02/23/2000	<b>Amount of Each Receipt this Period</b> 271.56 inkind catering
<b>Full Name, Mailing Address, and ZIP Code</b> Ann Blakeley  137 Down Ct.  Windermere FL 34786  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Earth Resources Corporati- on  <b>Occupation</b> Business Owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. John Capplemar  10000 West Colonial Dr. Suite 1403 Ocoee FL 34761  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> HealthCentral  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 771.50	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Lamy Capplemar  PO Box 771834  Winter Garden FL 34777  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hillcrest Insurance  <b>Occupation</b> Insurance  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Petro  PO Box 737  Ocoee FL 34761  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Amber Electric  <b>Occupation</b> Business Chief Executive Officer  <b>Aggregate Year-to-Date</b> > \$ 771.56	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Ryan White  5225 Travel St.  Orlando FL 32821  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Florida Auto Auction  <b>Occupation</b> Business Manager  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Warren Young  11708 Center Pointe Ct.  Clermont FL 34711  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> FL Auto Auction  <b>Occupation</b> Business General Manager  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>10 / 35</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Jay Beck  95 Montgomery Ferry Dr.  Atlanta GA 30309	<b>Name of Employer</b> Beck Communications Group	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Bellows  PO Box 940822  Maitland FL 32794-0822	<b>Name of Employer</b> Sydgan Corporation	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Real Estate Executive	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Wesley Brumback	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Berlica Cabrera-Morris  2117 Forest Club Dr.  Orlando FL 32804	<b>Name of Employer</b> Self Employed	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 300.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Government Relations Consultant	<b>Aggregate Year-to-Date</b> > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Tracy Chapman  1906 Whitehall  Winter Park FL 32792	<b>Name of Employer</b> A. Duda & Sons, Inc.	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Agriculture	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Randolph Davis  978 Las Flores Way  Orlando FL 32804	<b>Name of Employer</b> Davis & Spells Investments	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 700.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Investment Advisor	<b>Aggregate Year-to-Date</b> > \$ 700.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Carlos Diaz-Arguelles  111 N. Orange Ave. Suite 1450 Orlando FL 32801	<b>Name of Employer</b> Martinez, Manglard & Diaz Arguelles	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>11 / 35</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Emily Duda  1233 Utard Knot Creek Trail  Oviedo FL 32765  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> A. Duda & Sons  <b>Occupation</b> Business Owner & Agriculture  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Full Name, Mailing Address, and ZIP Code</b> Monique Edwards  660 Symonds Ave.  Winter Park FL 32789  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 25.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 25.00 check	
<b>Full Name, Mailing Address, and ZIP Code</b> Forum Partners,LTD  520 N. Semoran Blvd. Suite 222 Orlando FL 32807  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Full Name, Mailing Address, and ZIP Code</b> Doris Cohn  520 N. Semoran Blvd. Suite 222 Orlando FL 32807  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Forum Partners  <b>Occupation</b> Partner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check  <b>[MEMO ITEM]</b>	
<b>Full Name, Mailing Address, and ZIP Code</b> Stephen Hofmann  1115 Woodbine St.  Fern Park FL 32730  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Century National Bank  <b>Occupation</b> Banker  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Full Name, Mailing Address, and ZIP Code</b> David Jones  PO Box 1528  Orlando FL 32802  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Holland & Knight  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Lentini  14036 Marine Dr.  Orlando FL 32832  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Lentek International  <b>Occupation</b> Business President  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		12 / 35
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Jacinta Mathis  5504 Spring Run Ave.  Orlando FL 32810-7163	<b>Name of Employer</b> The Mathis Law Firm	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Montgomery  4976 Garden Dr.  Delray Beach FL 33445	<b>Name of Employer</b> Microsoft Corp.	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Investigator	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Robert J. Pleus, Jr.  522 West Second Ave.  Windermere FL 34786	<b>Name of Employer</b> Akerman, Senterfitt & Eldson	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Louis Seybold  PO Box 508  Winter Park FL 32780	<b>Name of Employer</b> Self Employed	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Investor	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Bob Stovash  200 S. Orange Ave. Suite 1220 Orlando FL 32801	<b>Name of Employer</b> Morlan & Stovash, P.A.	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> William Tew  1015 Lancaster Dr.  Orlando FL 32806	<b>Name of Employer</b> CB Richard Ellis	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 100.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Real Estate Broker	<b>Aggregate Year-to-Date</b> > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> William Tew  1015 Lancaster Dr.  Orlando FL 32806	<b>Name of Employer</b> CB Richard Ellis	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 100.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Real Estate Broker	<b>Aggregate Year-to-Date</b> > \$ 400.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>13 / 35</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Wilson  1230 Norwood Place  Orlando FL 32804	<b>Name of Employer</b> Detecker, Wilson & King	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 250.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Yankowski  4368 N. Shore Dr.  Charlotte Harbor FL 33980	<b>Name of Employer</b> Executive Title Insurance Company	<b>Date (month, day, year)</b> 02/25/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mary Jo Ardaman  2052 Carolina Ave.  Gotha FL 32734	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 02/29/2000	<b>Amount of Each Receipt this Period</b> 400.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Self Employed	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jayne Ennis  1411 West Sample Ave.  Fresno CA 93711	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 02/29/2000	<b>Amount of Each Receipt this Period</b> 500.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Retired	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> James McHugh  4113 Azalea Ave.  Tampa FL 33809	<b>Name of Employer</b> Wilkes & McHugh, P.A.	<b>Date (month, day, year)</b> 03/01/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Kathleen McHugh  3106 Omar Ave.  Tampa FL 33629	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b> 03/01/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Homemaker	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy McHugh  3106 Omar Ave.  Tampa FL 33629	<b>Name of Employer</b> Wilkes & McHugh, P.A.	<b>Date (month, day, year)</b> 03/01/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>14 / 35</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Kimberly White  2321 Butler Bay Dr.  Windermere FL 34786	Name of Employer Florida Auto Auction  Occupation Business Manager	Date (month, day, year) 03/01/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Gail Wilkes  2602 Beach Dr.  Tampa FL 33629	Name of Employer Wilkes & McHugh, P.A.  Occupation Attorney	Date (month, day, year) 03/01/2000	Amount of Each Receipt this Period 1000.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> James Wilkes  2602 Beach Dr.  Tampa FL 33629	Name of Employer Wilkes & McHugh  Occupation Attorney	Date (month, day, year) 03/01/2000	Amount of Each Receipt this Period 1000.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Davis  1455 Pennsylvania Ave. NW  Washington DC 20004	Name of Employer Tad Davis, P.A.  Occupation Attorney	Date (month, day, year) 03/09/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Paul Anderson  2964 Wellington Circle West  Tallahassee FL 32308	Name of Employer Anderson & Culliton, P.A.  Occupation Attorney	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Brian Ballard  201 S. Monroe St. Suite 300 Tallahassee FL 32303	Name of Employer Smith & Logan  Occupation Government Relations Consultant	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 1000.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Delegal  1840 Wagon Wheel Circle West  Tallahassee FL 32311	Name of Employer Pennington, Moore, Wilkin-son, Bell & D  Occupation Government Relations Consultant	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>15 / 35</b>
				FOR LINE NUMBER <b>11A1</b>	
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Alfred Deutschman  217 N. Apopka Ave.  Inverness FL 34450		Name of Employer Alfred Deutschman, P.A.		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Attorney			
		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Christian Dooin  314 Cortez St.  Tallahassee FL 32303		Name of Employer Self Employed		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 400.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Government Relations Consultant			
		Aggregate Year-to-Date > \$ 400.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Christina Fisher  458 Merlin Way  Tallahassee FL 32301		Name of Employer Creative Political Foundations, Inc.		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Government Relations Consultant			
		Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Fanny Fraynd  2800 Island Blvd. #2702 Aventura FL 33160		Name of Employer		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Insurance Agent			
		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Jones  118B Thomasville Rd.  Tallahassee FL 32303		Name of Employer Self Employed		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Government Relations Consultant			
		Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Deborah Lawson  4125 Pecan Branch Rd.  Tallahassee FL 32308		Name of Employer Deborah Lawson & Associates		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Government Relations Consultant			
		Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Mathas  641 West Michigan St.  Orlando FL 32805		Name of Employer Self Employed		Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Finance/Law			
		Aggregate Year-to-Date > \$ 250.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 35</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Lee Moffitt  4230 South MacDill Ave. Suite J Tampa FL 33611	Name of Employer Self Employed	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Government Relations Consultant		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Larry Overton  3620 Bobbin Mill Rd.  Tallahassee FL 32312	Name of Employer Self Employed	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation Government Relations Consultant		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Barry Pemsler  770 Ponce de Leon Blvd.  Coral Gables FL 33134	Name of Employer Barry Pemsler, P.A.	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Attorney		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Hort Soper  PO Box 2448  Ft. Lauderdale FL 33303	Name of Employer Self Employed	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation Attorney		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Lentini  14036 Marine Dr.  Orlando FL 32832	Name of Employer Lentek International	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Business President		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Brock McClane  1306 Lancaster Dr.  Orlando FL 32808	Name of Employer Brock McClane, P.A.	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Attorney		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Philip Owen  602 East Church St.  Orlando FL 32801	Name of Employer First Capital Property Group, Inc.	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Business Manager		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>17 / 35</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Eric Prutsman  4849 Ballyger Dr.  Tallahassee FL 32308  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Prutsman & Stahl, P.A.  Occupation Government Relations Consultant  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 900.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Young  1400 Briardiff Dr.  Orlando FL 32806  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   Occupation   Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Jim Bodine  503 Sweeney Cove Blvd. South  Longwood FL 32779  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Lockheed Martin  Occupation Business Executive  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 250.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Hawken  1949 Belle Vue Way  Tallahassee FL 32304  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer FCCI Insurance Group  Occupation Government Relations Consultant  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> John Hoffman  472 Ridgewood Rd.  Key Biscayne FL 33149  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed  Occupation Attorney  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> William Hoffman  995 Brickwell Ave. Suite 650 Miami FL 33131  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed  Occupation Attorney  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00 check
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Parrillo  401 West Dickens  Chicago IL 60614  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 1000.00 check
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>18 / 35</b>
				FOR LINE NUMBER	<b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> John Ricciardelli  8300 West Flagler St. Suite 250 Miami FL 33144	<b>Name of Employer</b> Underwriters Guarantee In- surance Co.	<b>Date (month, day, year)</b> 03/23/2000	<b>Amount of Each Receipt this Period</b> 500.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance Executive	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jo Ann Hoffman  4403 West Tradewinds Ave.  Lauderdale By The FL 33308	<b>Name of Employer</b> Jo Ann Hoffman, P.A.	<b>Date (month, day, year)</b> 03/24/2000	<b>Amount of Each Receipt this Period</b> 250.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Lemer  225 East Dania Blvd. Suite 202 Dania FL 33004	<b>Name of Employer</b> Barnett & Lemer, P.A.	<b>Date (month, day, year)</b> 03/24/2000	<b>Amount of Each Receipt this Period</b> 250.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Tom Tompkins  PO Box 450088  Kissimmee FL 34745	<b>Name of Employer</b> Self Employed	<b>Date (month, day, year)</b> 03/24/2000	<b>Amount of Each Receipt this Period</b> 500.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Real Estate & Agriculture	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Keith Chasin  9130 S. Dadeland Blvd. Suite 1515 Miami FL 33156	<b>Name of Employer</b> Chasin & Baron, P.A.	<b>Date (month, day, year)</b> 03/26/2000	<b>Amount of Each Receipt this Period</b> 250.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Monique Edwards  660 Symonds Ave.  Winter Park FL 32789	<b>Name of Employer</b> Self Employed	<b>Date (month, day, year)</b> 03/26/2000	<b>Amount of Each Receipt this Period</b> 200.00 check		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 225.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jeff Fuqua  PO Box 568492  Orlando FL 32856	<b>Name of Employer</b> Amick Construction	<b>Date (month, day, year)</b> 03/28/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Construction/Business Owner	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>19 / 35</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> John Williams  100 Munster St.  Orlando FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wayne Densch, Inc.	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Business Owner		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Williams  435 Knolltree Lane  Apopka FL 32712  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wayne Densch	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Business Executive		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> John Gay  601 Westminster St.  Orlando FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Strictly Commerical	Date (month, day, year) 03/29/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Real Estate Broker		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Art Grinde  241 Live Oak Lane  Altamonte Springs FL 32714  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer N/A	Date (month, day, year) 03/29/2000	Amount of Each Receipt this Period 500.00 check
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Larry Brown  895 Cranes Ct.  Maitland FL 32751  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Brown, Ward, Salzman & Welss, P.A.	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Sean Murphy  2919 Hargill Dr.  Orlando FL 32808  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Long & Perkins, P.A.	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 300.00 check
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Lee Bannet  2423 Shrewsbury Rd.  Orlando FL 32803  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Gray, Harris & Robinson	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 250.00 check
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		20 / 35
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Harold Carter  751 Northwest 31st Ave.  Ft. Lauderdale FL 33301	<b>Name of Employer</b> Republic Services, Inc.  <b>Occupation</b> Business Executive	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jack Cory  5403 Sombra Del Lago  Tallahassee FL 32303	<b>Name of Employer</b> Public Affairs Consultants  <b>Occupation</b> Government Relations Consultant	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Keyna Cory  5403 Sombra del Lago Dr.  Tallahassee FL 32303	<b>Name of Employer</b> Public Affairs Consultants  <b>Occupation</b> Government Relations Consultant	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 250.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jan Johnson  PO Box 10805  Tallahassee FL 32302	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Government Relations Consultant	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Marcos Marchena  1740 Rose Garden Lane  Orlando FL 32825	<b>Name of Employer</b> Marchena & Graham, P.A.  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Parrillo  401 West Dickens  Chicago IL 60614	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Insurance Executive	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 2000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Philip Procacci  5082 Coconut Creek Parkway  Margate FL 33063	<b>Name of Employer</b> Self Employed  <b>Occupation</b> Commerical Real Estate	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>21 / 35</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Roberts  101 East College Ave.  Tallahassee FL 32301	<b>Name of Employer</b> Florida Broadcasters Association  <b>Occupation</b> Government Relations Consultant	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 1000.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > 5 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Rick Rodriguez Pina  2901 S. Bayshore Ave. Apt. 70 Miami FL 33133	<b>Name of Employer</b> Rodriguez Pina & Associates  <b>Occupation</b> Government Relations Consultant	<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > 5 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>60682.80</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		22 / 35
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> The Huntington National Bank PAC 253 N. Orlando Ave.  Maitland FL 32751	Name of Employer   Occupation	Date (month, day, year) 01/26/2000	Amount of Each Receipt this Period 100.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00			
<b>Full Name, Mailing Address, and ZIP Code</b> A. Duda & Sons, Inc. Political Action Committee PO Box 257  Oviedo FL 32765	Name of Employer   Occupation	Date (month, day, year) 02/06/2000	Amount of Each Receipt this Period 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Florida Automobile Industry Association PAC 11 N. Summerlin Ave.  Orlando FL 32801	Name of Employer   Occupation	Date (month, day, year) 02/11/2000	Amount of Each Receipt this Period 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BellSouth Telecommunications Federal Political Action Comm- ontee 875 W. Peachtree St. N.E.  Atlanta GA 30375	Name of Employer   Occupation	Date (month, day, year) 02/21/2000	Amount of Each Receipt this Period 1000.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> The AAN-Nursery Industry Poli- tical Action Committee 1250 I Street NW Suite 500 Washington CA 20005	Name of Employer   Occupation	Date (month, day, year) 02/21/2000	Amount of Each Receipt this Period 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Trust PAC PO Box 221543  Chantilly VA 20155	Name of Employer   Occupation	Date (month, day, year) 02/21/2000	Amount of Each Receipt this Period 1000.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Trucking PAC of the American Trucking Associations, Inc. 430 First St. SE  Washington DC 20003	Name of Employer   Occupation	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 500.00 check	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>23 / 35</b>
			<b>FOR LINE NUMBER 11C</b>

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> American Bankers Association PAC 1120 Connecticut Ave. NW Washington DC 20036	Name of Employer	Date (month, day, year) 03/01/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Council of Insurance Agents & Brokers PAC Account 701 Pennsylvania Ave. NW #750 Washington DC 20004	Name of Employer	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Florida Power & Light PAC 700 Universe Blvd. Juno Beach FL 33408	Name of Employer	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> International Association of Firefighters Federal PAC 1750 New York Ave. NW Washington DC 20006	Name of Employer	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Florida Health Political Action Committee PO Box 6836 Jacksonville FL 32236-6836	Name of Employer	Date (month, day, year) 03/09/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> American Dental Political Action Committee 1111 14th Street NW Suite 1100 Washington DC 20005	Name of Employer	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 1500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Lucent Technologies PAC 900 18th Street NW Suite 700 Washington DC 20006	Name of Employer	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 35
			FOR LINE NUMBER 11C

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

**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> POWERPAC-A Political Action Committee of Florida Power Co- 1000 PO Box 14042  St. Petersburg FL 33733	Name of Employer	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Blue PAC The Blue Cross and Blue Shield Assoc. PAC 1301 G Street NW 12th Floor Washington DC 20005	Name of Employer	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Concrete Masonry Association Political Action Com- 500 2302 Horse Pen Rd.  Herndon VA 20171	Name of Employer	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> GTE Political Action Committee  1001 19th Street North Suite 1100 Arlington VA 22209	Name of Employer	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 1000.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tenet Healthcare Corporation Political Action Committee 3820 State St.  Santa Barbara CA 93105	Name of Employer	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Hotel & Motel Association Political Action Commit- 100 1201 New York Ave. NW Suite 600 Washington DC 20005-3931	Name of Employer	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Beer Wholesalers Association Political Action Com- 100 1100 S. Washington Street  Alexandria VA 22314	Name of Employer	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 1500.00 check
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$ 1500.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>25 / 35</b>
			FOR LINE NUMBER <b>11C</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> National Society of Professional Engineers PAC 1420 King Street  Alexandria VA 22231	Name of Employer   Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5    500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Safari Club International Political Action Committee PO Box 159  Wapato WA 98951	Name of Employer   Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00 check
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5    500.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>15850.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>26 / 35</b>
					FOR LINE NUMBER <b>15</b>
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> The Northern Trust Company  PO Box 75919  Chicago IL 60675		<b>Name of Employer</b>   <b>Occupation</b>		<b>Date (month, day, year)</b> 03/31/2000	<b>Amount of Each Receipt this Period</b> 1676.22  interest on demand note
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > 5    1676.22			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>1676.22</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>27 / 35</b>
			FOR LINE NUMBER 17

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

**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> 25 S. Magnolia  25 S. Magnolia Ave.  Orlando FL 32801	Purpose of Disbursement copies  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 32.22
<b>Full Name, Mailing Address, and ZIP Code</b> BellSouth  PO Box 7087  Charlotte NC 28272-0807	Purpose of Disbursement telephone service  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 733.38
<b>Full Name, Mailing Address, and ZIP Code</b> Dana Cashin  17 N. Hyer Ave.  Orlando FL 32801	Purpose of Disbursement salary  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Direct Mail Systems  12450 Automobile Blvd.  Clearwater FL 33370	Purpose of Disbursement direct mail  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 3556.25
<b>Full Name, Mailing Address, and ZIP Code</b> Personal Touch Mailing Services  129 Drennan Rd.  Orlando FL 32804	Purpose of Disbursement direct mail  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 315.20
<b>Full Name, Mailing Address, and ZIP Code</b> Bill Sublette  25 S. Magnolia Ave.  Orlando FL 32801	Purpose of Disbursement reimbursement for travel  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 1575.69
<b>Full Name, Mailing Address, and ZIP Code</b> SunTrust Bankcard  PO Box 598202  Orlando FL 32859	Purpose of Disbursement payment  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 18.51
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 138.00
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/03/2000	Amount of Each Disbursement This Period 99.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>28 / 35</b>
			FOR LINE NUMBER 17

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

**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Departures Travel  1810 Lee Rd.  Winter Park FL 32789	Purpose of Disbursement travel  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/04/2000	Amount of Each Disbursement This Period 911.00
<b>Full Name, Mailing Address, and ZIP Code</b> City of Orlando Parking Services 53 W. Central Blvd.  Orlando FL 32801	Purpose of Disbursement staff parking  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/05/2000	Amount of Each Disbursement This Period 84.50
<b>Full Name, Mailing Address, and ZIP Code</b> Aerial Communications  Department 0118  Palatine IL 60055-0118	Purpose of Disbursement staff cell phone  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/06/2000	Amount of Each Disbursement This Period 147.72
<b>Full Name, Mailing Address, and ZIP Code</b> SunTrust Bankcard  PO Box 598202  Orlando FL 32859	Purpose of Disbursement reimbursement for travel  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/06/2000	Amount of Each Disbursement This Period 1062.90
<b>Full Name, Mailing Address, and ZIP Code</b> Office Depot  989 N. Semoran Blvd.  Orlando FL 32807	Purpose of Disbursement office supplies  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/11/2000	Amount of Each Disbursement This Period 118.60
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/11/2000	Amount of Each Disbursement This Period 264.00
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/11/2000	Amount of Each Disbursement This Period 633.43
<b>Full Name, Mailing Address, and ZIP Code</b> Office Depot  989 N. Semoran Blvd.  Orlando FL 32807	Purpose of Disbursement office supplies  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/14/2000	Amount of Each Disbursement This Period 95.37
<b>Full Name, Mailing Address, and ZIP Code</b> Administaff  1940 Lodge Rd. Suite 100 Kennesaw GA 30144	Purpose of Disbursement staff salary  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/15/2000	Amount of Each Disbursement This Period 1708.98

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>30 / 35</b>
			FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Russo Marsh + Copsey  PO Box 1863  Sacramento CA 95812	Purpose of Disbursement travel expenses  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/24/2000	Amount of Each Disbursement This Period 216.00
<b>Full Name, Mailing Address, and ZIP Code</b> 25 S. Magnolia  25 S. Magnolia Ave.  Orlando FL 32801	Purpose of Disbursement rent  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/28/2000	Amount of Each Disbursement This Period 424.00
<b>Full Name, Mailing Address, and ZIP Code</b> Administaff  1940 Lodge Rd. Suite 100 Kennesaw GA 30144	Purpose of Disbursement staff salary  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/01/2000	Amount of Each Disbursement This Period 1708.98
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/01/2000	Amount of Each Disbursement This Period 418.00
<b>Full Name, Mailing Address, and ZIP Code</b> Jason Fernandez  10824 Heather Ride Circle #301 Orlando FL 32817	Purpose of Disbursement contract work  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/02/2000	Amount of Each Disbursement This Period 385.00
<b>Full Name, Mailing Address, and ZIP Code</b> 25 S. Magnolia  25 S. Magnolia Ave.  Orlando FL 32801	Purpose of Disbursement copies  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 64.50
<b>Full Name, Mailing Address, and ZIP Code</b> Russo Marsh + Copsey  PO Box 1863  Sacramento CA 95812	Purpose of Disbursement consulting fee  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 5000.00
<b>Full Name, Mailing Address, and ZIP Code</b> US Postmaster  46 E. Robinson St.  Orlando FL 32801	Purpose of Disbursement postage  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 180.79
<b>Full Name, Mailing Address, and ZIP Code</b> Orlando Sentinel Interactive  633 North Orange Ave.  Orlando FL 32801	Purpose of Disbursement website design  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/10/2000	Amount of Each Disbursement This Period 1883.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>32 / 35</b>
			FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Office Depot  989 N. Semoran Blvd.  Orlando FL 32807	Purpose of Disbursement office supplies  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/21/2000	Amount of Each Disbursement This Period 81.76
<b>Full Name, Mailing Address, and ZIP Code</b> Jack Amon  PO Box 721  Oakland FL 34760	Purpose of Disbursement in-kind catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 271.56
<b>Full Name, Mailing Address, and ZIP Code</b> Kurt Ardaman  170 East Washington St.  Orlando FL 32801	Purpose of Disbursement in-kind catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 271.56
<b>Full Name, Mailing Address, and ZIP Code</b> Derek Blakeslee  PO Box 770174  Winter Garden FL 34777	Purpose of Disbursement in-kind catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 271.56
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. John Cappleman  10000 West Colonial Dr. Suite 1403 Ocoee FL 34761	Purpose of Disbursement in-kind catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 271.56
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Petro  PO Box 737  Ocoee FL 34761	Purpose of Disbursement in-kind catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 271.56
<b>Full Name, Mailing Address, and ZIP Code</b> BellSouth  PO Box 7087  Charlotte NC 28272-0807	Purpose of Disbursement telephone service  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/25/2000	Amount of Each Disbursement This Period 245.48
<b>Full Name, Mailing Address, and ZIP Code</b> Citrus Club  255 S. Orange Ave.  Orlando FL 32801	Purpose of Disbursement catering  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/25/2000	Amount of Each Disbursement This Period 855.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ken Kranz  4864 Shelbourne Dr.  Tallahassee FL 32308	Purpose of Disbursement consulting fee  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/25/2000	Amount of Each Disbursement This Period 600.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....





<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>34 / 35</b>
			FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**  
**Bill Sublette for US Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Orlando Sentinel Interactive  633 North Orange Ave.  Orlando FL 32801	Purpose of Disbursement website design	Date (month, day, year) 03/22/2000	Amount of Each Disbursement This Period 270.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> First USA Bank VISA  PO Box 94014  Palatine IL 60094-4014	Purpose of Disbursement campaign credit card	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 540.30
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> Sprint  PO Box 62071  Baltimore MD 21264-2071	Purpose of Disbursement staff cell phone	Date (month, day, year) 03/27/2000	Amount of Each Disbursement This Period 184.62
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>60613.75</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>35 / 35</b>
			FOR LINE NUMBER 200
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<b>NAME OF COMMITTEE (In Full)</b> <b>Bill Sublette for US Congress</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> The Huntington National Bank PAC 253 N. Orlando Ave.  Maitland FL 32751	Purpose of Disbursement Fund of contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/04/2000	Amount of Each Disbursement This Period 100.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>100.00</b>