

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 A 11:14

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Florida Bank Pac		2. FEC IDENTIFICATION NUMBER C00012484
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1001 Thomasville Rd		
CITY, STATE and ZIP CODE Tallahassee, FL 32302		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9-1-00 through 9-30-00		
6. (a) Cash on Hand January 1, 2000		\$ 7158.54
(b) Cash on Hand at Beginning of Reporting Period	\$ 27,419.54	
(c) Total Receipts (from Line 18)	\$ 7,950.00	\$ 29,711.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 35,369.54	\$ 34,869.54
7. Total Disbursements (from Line 30)	\$ 28,000	\$ 29,500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,369.54	\$ 7,369.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ X	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-894-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ X	

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 Faye Peritte	Date
Signature of Treasurer <i>Faye Peritte</i>	10-19-00

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 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Florida Bend Pac		FROM 9-1-00	TO 9-30-00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		2050. ⁰⁰	8,050. ⁰⁰	11(a)(i)
ii. Unitemized		5700. ⁰⁰	21,461. ⁰⁰	11(a)(ii)
iii. Total (add i and ii) >		7750. ⁰⁰	29,511. ⁰⁰	11(a)(iii)
b. Political Party Committees		200. ⁰⁰	200. ⁰⁰	11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions (add a iii, b and c) >		7,950. ⁰⁰	29,711. ⁰⁰	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Receipts, etc.)				15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)				17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		7,950. ⁰⁰	29,711. ⁰⁰	19
20. Total Federal Receipts (subtract line 18 from line 19) >				20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(i)
i. Federal Share				21(a)(ii)
ii. Non-Federal Share				21(b)
b. Other Federal Operating Expenditures				21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >				22
22. Transfers to Affiliated/Other Party Committees				23
23. Contributions to Federal Candidates/Committees and Other Political Committees		28,000	29,500	24
24. Independent Expenditures (use Schedule E)				25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				26
26. Loan Repayments Made				27
27. Loans Made				28(a)
28. Refunds of Contributions To:				28(b)
a. Individual/Persons Other Than Political Committees				28(c)
b. Political Party Committees				28(d)
c. Other Political Committees (such as PACs)				29
d. Total Contribution Refunds (add a, b and c) >				30
29. Other Disbursements				31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		28,000	29,500	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >				
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)				32
33. Total Contribution Refunds (from line 28d)				33
34. Net Contributions (other than loans)(subtract line 33 from 32)				34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >				35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >				37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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)

Florida BankPac

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Kyle 2618 Brooker Trace Lane Valrico, FL 33594	Platinum Bank	9.7.00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Strickland 9070 Marshview Court Ponte Verde, FL 32082	Bank of America	9.7.00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Topping PO Box 787 Key West, FL 33041	1st Natl. Bank of the Keys	9.7.00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike McMullar 572 Pine Grove Lane Naples, FL 34103	Citizens Nat'l. Bank	9.7.00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blend Johnson 361 Polynesia Ct. Marco Island, FL 34145	Citizens Nat'l. Bank	9.7.00	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Faust 4062 Timuquara Rd Dulsonville, FL 32210	First Guaranty Bank & Trust	9.7.00	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Salvador Bonilla-Matthe	Gulf Bank	9.7.00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1800

TOTAL This Period (last page this line number only) 8250

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill High PO Box 1030 Vero Beach, FL 32960	Indian River Nat'l. Bank	9-29-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation banker	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Comerica Federal Pac	Name of Employer	Date (month, day, year) 9-29-00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (last page this line number only) 2050

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 of 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Linda Chapin	Contribution	9.12.00	1,000.00
Congressman Jim Davis	Contribution	9.12.00	1,000.00
Rep. Adam Putnam	Contribution	9.12.00	1,000.00
American Bankers Association	Contribution	9.15.00	25,000.00

SUBTOTAL of Disbursements This Page (optional)	28,000
TOTAL This Period (last page this line number only)	28,000

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/20/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>cd</i> PREPARER	 10/24/00 DATE PREPARED