

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Thurman for Congress Committee		2. FEC IDENTIFICATION NUMBER C00254870
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 450 Pleasant Grove Road		
CITY, STATE and ZIP CODE Inverness FL 34452		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STATE/DISTRICT FL / 05		

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the GENERAL (Type of Election)
election on 11/07/2000 in the State of FLORIDA
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report following this General Election
on _____ in the State of _____
- Termination Report

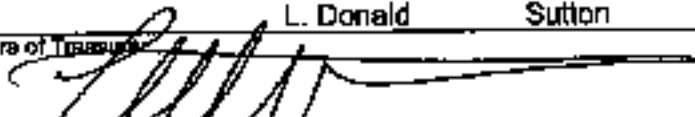
This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$58,665.00	\$275,766.30
(b) Total Contribution Refunds (from Line 20(d))	\$500.00	\$1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$58,165.00	\$274,766.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$72,535.66	\$242,054.87
(b) Total Offsets to Operating Expenditures (from Line 14)	\$336.00	\$436.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$72,199.66	\$241,618.87
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$163,815.19	
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	

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

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

Type or Print Name of Treasurer L. Donald Sutton	Date 10/20/2000
Signature of Treasurer 	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In Full) Thurman for Congress Committee	Report Covering the Period From: 10/01/2000 To: 10/18/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A) _____	\$5,160.00	
(ii) Unitemized _____	\$2,255.00	
(iii) Total of contributions from individuals _____	\$7,415.00	\$80,141.07
(b) Political Party Committees _____	\$0.00	\$2,209.45
(c) Other Political Committees (such as PACs) _____	\$49,250.00	\$213,415.78
(d) The Candidate _____	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	\$56,665.00	\$275,766.30
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.) _____	\$336.00	\$436.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	\$0.00	\$1,749.60
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	\$57,001.00	\$277,951.90
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	\$72,535.66	\$242,054.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____	\$33,000.00	\$33,000.00
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 _____	\$500.00	\$1,000.00
(b) Political Party Committees _____	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) _____	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	\$500.00	\$1,000.00
21. OTHER DISBURSEMENTS _____	\$0.00	\$2,200.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	\$108,035.66	\$278,254.87
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	212,650.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	57,001.00
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	269,651.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	106,035.66
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	163,616.19

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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

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

NAME OF COMMITTEE (In Full)

Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dominick Gabriele 5247 Secretariat Run Brooksville, FL 34609	N/A	10/17/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom R Dorety 5804 Audubon Manor Blvd Lithia, FL 33547	Suncoast Schools Federal Credit Union	10/10/2000	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A M Eldin MD 12900 Cortez Blvd Suite 204 Brooksville, FL 34613	Self-Employed	10/17/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician 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
Michael Feiler 49 John St Englewood Cliffs, NJ 07632-2928	Information Requested	10/05/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S.K. Rao Musunuru 14100 Flvay Road Suite 160 Hudson, FL 34687	Self-Employed	10/18/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Heart Specialist Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
V. Rao 3175 W. Pabba Beach Ct. Lecanto, FL 34461-9301	Self-Employed	10/18/2000	\$260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ankern Revindra MD, PA 4030 US 90 West Lake City, FL 32055	Self-Employed	10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			\$3,660.00
TOTAL This Period (last page 11e line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)
 Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code Jay Rowden 10350 Fulton Ave Brooksville, FL 34613-4533 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$500.00
	Occupation Marketer Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Mark Sherwood 4935 NW 51st Pl Gainesville, FL 32608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Shands	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$500.00
	Occupation Physician Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Delores Thomas 5311 Grand Blvd New Port Richey, FL 34652 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ewing & Thomas, Inc. see refund to individuals	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$500.00
	Occupation Physical Therapist Aggregate Year-to-Date > \$ 1,500.00		
D. Full Name, Mailing Address and ZIP Code James Thomas 5311 Grand Blvd. New Port Richey, FL 34652 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer n/a * resignation of 5/22/00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period MEMO \$150.00
	Occupation retired Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Delores Thomas 5311 Grand Blvd New Port Richey, FL 34652 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ewing & Thomas, Inc. * resignation of 5/22/00 below	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period MEMO (\$150.00)
	Occupation Physical Therapist Aggregate Year-to-Date > \$ 1,500.00		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$1,500.00
TOTAL This Period (last page this line number only)	\$5,160.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)
 Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Action Committee for Rural Electrification (ACRE-PAC) 4301 Wilson Blvd. Arlington, VA 22203-1860 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/12/2000	\$1,000.00
Aggregate Year-to-Date > F		\$2,000.00	
B. Full Name, Mailing Address and ZIP Code Air Line Pilots Association (ALPA-PAC) 1625 Massachusetts Ave NW Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/03/2000	\$1,000.00
Aggregate Year-to-Date > 0		\$2,000.00	
C. Full Name, Mailing Address and ZIP Code American Academy of Ophthalmology (OPHTHPAC) 1101 Vermont Avenue NW Suite 700 Washington, DC 20005-3570 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/16/2000	\$1,000.00
Aggregate Year-to-Date > F		\$2,000.00	
D. Full Name, Mailing Address and ZIP Code American Ambulance Assoc PAC 1255 23rd Street, NW Washington, DC 20037- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/08/2000	\$1,000.00
Aggregate Year-to-Date > \$		\$2,000.00	
E. Full Name, Mailing Address and ZIP Code American Council Of Life Insurance PAC 1001 Pennsylvania Ave. NW Washington, DC 20004-2599 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/16/2000	\$2,000.00
Aggregate Year-to-Date > \$		\$2,000.00	
F. Full Name, Mailing Address and ZIP Code American Crystal Sugar PAC 101 N. 3rd St Moorhead, MN 56560 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/12/2000	\$1,000.00
Aggregate Year-to-Date > 6		\$2,000.00	
G. Full Name, Mailing Address and ZIP Code American Express-PAC 801 Pennsylvania Avenue N.W. Suite 650 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/12/2000	\$1,000.00
Aggregate Year-to-Date > 9		\$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

List separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 8
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Federation of Teachers PAC 555 New Jersey Ave NW Washington, DC 20001-2079		10/05/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	\$2,000.00
B. Full Name, Mailing Address and ZIP Code American Health Care Association (AHCA-PAC) 1201 L Street NW Washington, DC 20005		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	\$2,000.00
C. Full Name, Mailing Address and ZIP Code American Nurses Association (ANAPAC) 600 Maryland Ave. SW Suite 100W Washington, DC 20016		10/16/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8	\$2,000.00
D. Full Name, Mailing Address and ZIP Code Bank Of America-Pac 1401 New York Ave NW Suite 1110 Washington, DC 20005		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	\$1,000.00
E. Full Name, Mailing Address and ZIP Code CH2M Hill Companies LTD PAC 8080 S Willow Drive Englewood, CO 80111-		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	\$1,000.00
F. Full Name, Mailing Address and ZIP Code College of American Pathologists PAC 1350 I St. NW, Ste. 590 Washington, DC 20005-3305		10/12/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	\$3,000.00
G. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Florida CULAC 805 Fifteenth Street NW Suite 300 Washington, DC 20005-2207		10/10/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4	\$2,000.00

SUBTOTAL of Receipts This Page (optional) **\$8,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 3 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federation of American Health Systems (FED PAC) 801 Pennsylvania NW Suite 245 Washington, DC 20004-		10/10/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Fruit & Vegetable Association-PAC PO Box 140155 Orlando, FL 32814-0155		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FMC Corporation Good Government Program 200 E Randolph Dr Chicago, IL 80601-		10/16/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GTE Service Corporation-PAC 1850 M St. NW, Suite 1200 Washington, DC 20036		10/09/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guidant Corporation PAC 1310 G Street NW Suite 770 Washington, DC 20005-		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HDR Manor Care PAC PO Box 10086 Toledo, OH 43698-0086		10/17/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IMC Global Operations Inc. PAC 2100 Sanders Rd Northbrook, IL 60062-6139		10/05/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 4 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code Fullm Services Inc PAC 2050 Spectrum Blvd Fort Lauderdale, FL 33309-	Name of Employer Occupation	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Laborers Political League 905 18th St NW Washington, DC 20006-	Name of Employer Occupation	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 4,000.00	
C. Full Name, Mailing Address and ZIP Code Maintenacne of Way Political League 28555 Evergreen Rd Suite 200 Southfield, MI 48076-4225	Name of Employer Occupation	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code MEBA PAF 444 N. Capitol St., Ste. 800 Washington, DC 20001	Name of Employer Occupation	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code Miller Brewing Co Federal Committee 3939 W Highland Blvd Milwaukee, WI 53201-	Name of Employer Occupation	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Municipal Electric Citizens Committee for Action PO Box 10114 Tallahassee, FL 32302-	Name of Employer Occupation	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code NATFARMPAC 11900 E Cornell Ave Aurora, CO 80014-3194	Name of Employer Occupation	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Page (optional)			\$8,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 5 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association for Homecare PAC 519 C Street NE Washington, DC 20002-		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Beer Wholesalers Association (NBWA PAC) 1100 S Washington Street Alexandria, VA 22314-4494		10/18/2000	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Hardwood Lumber Association PAC Inc PO Box 34518 Memphis, TN 38184-0518		10/12/2000	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Assn. of Letter Carriers-PAC 100 Indiana Avenue NW Washington, DC 20001-2144		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owens Coming Better Gov't Fund One Owens Coming Parkway Toledo, OH 43658-		10/17/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy (PT-PAC) 1111 N Fairfax St Alexandria, VA 22314-1488		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Real Estate Investment Trusts PAC (REITPAC) 1875 Eye Street N. W. Suite 600 Washington, DC 20008		10/05/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$7,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 6 OF 8
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Thunman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
The NEA Fund For Children & Public Education 1201 16th Street NW Suite 421 Washington, DC 20036		10/03/2000	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
The Servicemaster Co. PAC One Servicemaster Way Downers Grove, IL 60515-1700		10/10/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TREA Senior Citizens League-PAC 908 N Washington St., Suite 301 Alexandria, VA 22314		10/12/2000	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$6,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Treasury Employees PAC 901 E Street, NW Suite 600 Washington, DC 20004		10/12/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United Food & Commercial Workers Active Ballot Club 1775 K St NW Washington, DC 20006-1598		10/18/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United Parcel Service (UPSPAC) 55 GlenLake Parkway NE Atlanta, GA 30328-		10/16/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$11,000.00
TOTAL This Period (last page line the number only)	\$49,250.00

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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 committees.

NAME OF COMMITTEE (In Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code Office Max 1501 NW Hwy 19 Crystal River, FL 34429 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer refund of fax machine Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/17/2000 \$336.00	Amount of Each Receipt this Period \$336.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$336.00
TOTAL This Period (last page this line number only)			\$336.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$1,125.00
Bob White Productions, Inc. 3720 NW 43rd Street #103 Gainesville, FL 32606	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$23,286.00
David Andrukilis, Inc. 50 E Street, SE Washington, DC 20003	Invitations, RSVP Cards Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$839.66
Democratic National Committee 430 S Capitol St, SE Washington, DC 20003	Dues Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$5,000.00
Florida Power PO Box 33199 St Petersburg, FL 33733-8199	Electric Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$184.79
Graphic Elite Printing 2044 Highway 44 W Inverness, FL 34453	5000 Brochures Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	\$228.29
Graphic Elite Printing 2044 Highway 44 W Inverness, FL 34453	5000 Brochures Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/2000	\$245.00
Graphic Elite Printing 2044 Highway 44 W Inverness, FL 34453	ENVELOPES/TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	\$275.05
Graphic Elite Printing 2044 Highway 44 W Inverness, FL 34453	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$61.48

SUBTOTAL of Disbursements This Page (optional)	\$31,245.27
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Thurman for Congress Committee CD0254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heath Mini-Storage 5164 S. Florida Ave. Inverness, FL 33450	Gate 26D4 as of 10/06/00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$63.60
B. Full Name, Mailing Address and ZIP Code JONATHAN A POVERUD 344 W KNOLL ST DELAND, FL 32720	Purpose of Disbursement Reimburse Insurance & Living Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	\$140.01
C. Full Name, Mailing Address and ZIP Code JONATHAN A POVERUD 344 W KNOLL ST DELAND, FL 32720	Purpose of Disbursement Reimburse Insurance & Living Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$200.00
D. Full Name, Mailing Address and ZIP Code MCI Worldcom PO Box 85053 Louisville, KY 40285-5053	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$174.50
E. Full Name, Mailing Address and ZIP Code Office Depot 2701 SW College Ocala, FL 34474	Purpose of Disbursement Fax Machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	\$428.21
F. Full Name, Mailing Address and ZIP Code Petty Cash	Purpose of Disbursement Petty Cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/2000	\$100.00
G. Full Name, Mailing Address and ZIP Code Postell's Country Meats 116 West Ventura Avenue Glewiston, FL 33440	Purpose of Disbursement Select Cubed Gator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$579.38
H. Full Name, Mailing Address and ZIP Code Postmaster 1400 N Hwy 41S Inverness, FL 34450	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	\$330.00
I. Full Name, Mailing Address and ZIP Code Postmaster 1400 N Hwy 41S Inverness, FL 34450	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$330.00

SUBTOTAL of Disbursements This Page (optional)

\$2,345.70

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$1,650.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$3,300.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	\$8.37
Postmaster 1400 N Hwy 41S Inverness, FL 34450	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	\$990.00
Postmaster 1400 N Hwy 41S Inverness, FL 34450	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$1,155.00
Silver Palate 350 E Norvell Bryant Hwy Hernando, FL 34442	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	\$500.00
Skipper's Office Plus 217 SE 1st Avenue Ocala, FL 34471-2199	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$165.85
Specialty Advertising 210 W Tompkins St Inverness, FL 34450	Bumper Strips Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$561.80
Sprint PO Box 159006 Altamonte Springs, FL 32715-9006	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$1,724.71

SUBTOTAL of Disbursements This Page (optional) \$10,055.73

TOTAL This Period (next page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

List separately schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Thurman for Congress Committee 000254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	form 941 payroll tax Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$925.72
Taylor Rental 8081 W Gulf to Lake Hwy Crystal River, FL 34428	TABLES & CHAIRS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	\$272.69
U.S. POSTMASTER 2623 NW 74th Place Gainesville, FL 32653	Permit #62 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	\$19,642.26
Walt Connors, Inc. 210 W Tompkins St Inverness, FL 34450	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$930.91
Williams, McCranle & Sutton, P.A. PO Box 426 Crystal River, FL 34423-0426	Accounting fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	\$2,056.62
Wordspread 18263 SW 284th St. Homestead, FL 33033	Data Management Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$199.16
Best Buy 150 Defense Hwy Annapolis, MD 20701	FAX MACHINE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$71.00
Best Buy 150 Defense Hwy Annapolis, MD 20701	FAX MACHINE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$104.49
Best Buy 150 Defense Hwy Annapolis, MD 20701	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/2000	\$242.52

SUBTOTAL of Disbursements This Page (optional)

\$24,027.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Thuman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Best Buy 150 Defense Hwy Annapolis, MD 20701	Computer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$1,282.48
B. Full Name, Mailing Address and ZIP Code National Car Rental Mc Ghee Tyson Airport Alcoa, TN 37701	Car Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$885.38
C. Full Name, Mailing Address and ZIP Code Office Depot 2701 SW College Ocala, FL 34474	FAX MACHINE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$148.39
D. Full Name, Mailing Address and ZIP Code Office Depot 2701 SW College Ocala, FL 34474	FAX MACHINE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$48.07
E. Full Name, Mailing Address and ZIP Code SunTrust Corporate Visa PO Box 628220 Orlando, FL 32802-3513	FINANCE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$60.18
F. Full Name, Mailing Address and ZIP Code SUNTRUST BANKCARD, N.A. PO BOX 628220 ORLANDO, FL 32862-8220	Credit card payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	MEMO \$3,906.27
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$3,906.27
TOTAL This Period (last page this line number only)	\$71,580.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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)

Thurman for Congress Committee C00254870

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DELORES THOMAS 5311 GRAND BLVD NEW PORT RICHEY, FL 34652	REFUND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets (pages) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 18

Transfers to other Authorized Committees

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)

Thurman for Congress Committee C00254670

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committ The Honorable Patrick Kennedy, Chairman 430 South Capitol Street, SE Washington, DC 20003	transfer of excess funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$27,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Corine (FL-3) 3109 River Bend Ct. Suite 10102 Laurel, MD 20724	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Stedem PO Box 973 Ft Meade, FL 33841	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Linda Chapin for Congress PO Box 952 Orlando, FL 32802-0952	FL-08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
E. Full Name, Mailing Address and ZIP Code McCallum for Congress 2464 Burke Ave, East North St Paul, MN 55109	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Minge for Congress (MN-02) 115-1/2 E 2nd St. Chasca, MN 55318	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Stupak for Congress PO Box 143 Menominee, MI 49858	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	\$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$33,000.00
TOTAL This Period (last page this line number only)	\$33,000.00

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
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<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
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<i>fel</i> PREPARER	<i>10-24-00</i> DATE PREPARED