

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
OR
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C00012450 060500
MRS. MARY ALVAREZ, TREASURER
COMMITTEE FOR SAM GIBBONS
4403 WISHART BOULEVARD
TANPA, FL 33603

2. FEC IDENTIFICATION NUMBER

030309

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) 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
JAN 1, 2000 through JUN 30, 2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0	0
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	0	0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	620.00	620.00
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	620.00	620.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-684-1100

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 MARY ALVAREZ	Date July 5, 2000
Signature of Treasurer <i>Mary Alvarez</i>	

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 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
COMMITTEE FOR SAM GIBBONS	From: JAN 1, 2000 to: JUNE 30, 2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) _____		
(ii) Unitemized _____		
(iii) Total of contributions from individuals _____		
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (ii), (c) and (d)) _____	0	0
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	124.29	124.29
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	124.29	124.29
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	620.00	620.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees _____		
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____		
21. OTHER DISBURSEMENTS _____	7846.47	7846.47
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	8466.47	8466.47
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 8342.18	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 124.29	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 8466.47	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 8466.47	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ - 0 -	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 01 OF 01
FOR LINE NUMBER 15

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)

COMMITTEE FOR SAM GIBBONS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MANUFACTURERS BANK OF FL 4144 N. ARMENIA AVE TAMPA, FL 33607	INTEREST	6/30/00	124.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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)

0

TOTAL This Period (last page this line number only)

124.29

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 01 OF 01
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE FOR SAM GIBBONS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>MARY C. ALVAREZ 4603 WISHNET BLVD TAMPA FL 33603</i>	<i>ACCOUNTING</i>	<i>1/14/00</i>	<i>310.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/26/00</i>	<i>310.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

620.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 01 OF 01
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in full)

COMMITTEE FOR SAM GIBBONS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<p>FRIENDS OF CLAY SHAW PO Box 2188 FT LAUDERDALE, FL 33321</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>3/22/00</p>	<p>500.00</p>
<p>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 S. CAPITOL ST. RND FL WASH D.C. 20003</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>2/29/00</p>	<p>1000.00</p>
<p>NELSON FOR SENATE 110-B EAST BROAD ST. FALLS CHURCH, VA. 22046</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>6/6/00</p>	<p>1000.00</p>
<p>HOYER FOR CONGRESS 1905 MALCOLM ROAD, STE 102 CLINTON, MD 20735</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>6/13/00</p>	<p>1000.00</p>
<p>FRIENDS OF CORRINE BROWN 420 NEW JERSEY AVE. S.E. WASH D.C. 20003</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>6/13/00</p>	<p>1000.00</p>
<p>BEN CARDIN FOR CONGRESS 38 144 ST S.E. WASH D.C. 20003</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>6/19/00</p>	<p>500.00</p>
<p>LEVIN FOR CONGRESS 436 NEW JERSEY AVE S.E. WASH D.C. 20003</p>	<p>CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>6/13/00</p>	<p>500.00</p>
<p>GOLD LEAF STUDIOS REAR 1523 22ND ST. NW WASH D.C. 20037</p>	<p>Frame of portrait of Sen M. Stowers, donated to the U.S. Government. Frame will belong to the University of South Florida Library, Special Collections, should it become surplus to the needs of the U.S. Government.</p>	<p>6/26/00</p>	<p>2,346.47</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7846.47

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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt 7-11-00
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<input type="checkbox"/> Electronic Filing	
<i>ML</i> PREPARER	7-11-00 DATE PREPARED