

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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CD0254870 030800
L DONALD SUTTON
THURMAN FOR CONGRESS
450 PLEASANT GROVE ROAD
INVERNESS FL 34452

05

2. FEC IDENTIFICATION NUMBER
C00254870
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
 October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____
 January 31 Year End Report Termination Report
 July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/2000</u> through <u>03/31/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$9,360.00	\$9,360.00
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$9,360.00	\$9,360.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$33,162.42	\$33,162.42
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$33,162.42	\$33,162.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$138,568.64	
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)	\$1,151.00	

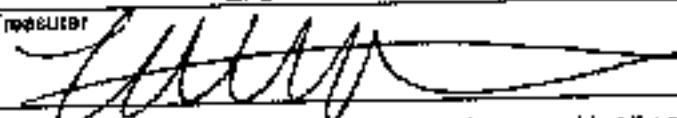
For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Signature of Treasurer



Date

04/12/2000

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, FEC FORM 3)

Name of Committee (in full) Thurman for Congress Committee	Report Covering the Period: From: 01/01/2000 To: 03/31/2000	
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) _____	\$1,650.00	
(ii) Unitemized _____	\$210.00	
(iii) Total of contributions from Individuals _____	\$1,860.00	\$1,860.00
(b) Political Party Committees _____	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) _____	\$7,500.00	\$7,500.00
(d) The Candidate _____	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) _____	\$9,360.00	\$9,360.00
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.) _____	\$451.90	\$451.90
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	\$9,811.90	\$9,811.90
B. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	\$33,162.42	\$33,162.42
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) _____	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	\$0.00	\$0.00
21. OTHER DISBURSEMENTS _____	\$2,000.00	\$2,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	\$35,162.42	\$35,162.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	163,919.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	9,811.90
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	173,731.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	35,162.42
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	138,568.64

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Contributions from Individuals/Persons

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

<p>A. Full Name, Mailing Address and ZIP Code Bill K Brewster 801 13th Street, NW Suite 410 South Washington, DC 20005</p>	<p>Name of Employer R. Duffy Wall & Associates, Inc * In-Kind: fundraiser Occupation Consultant</p>	<p>Date (month, day, year) 03/31/2000</p>	<p>Amount of Each Receipt this Period \$250.00 *</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code Rose Hatka 2419 NW 13th Place Gainesville, FL 32605</p>	<p>Name of Employer Business Printing Services Occupation Computer Graphics Designer</p>	<p>Date (month, day, year) 01/26/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code Margaret Hupalo 2805 N. Attebury Pt. Hernando, FL 34442</p>	<p>Name of Employer Housewife Occupation Housewife</p>	<p>Date (month, day, year) 02/28/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code Delores Thomas 5311 Grand Blvd New Port Richey, FL 34652</p>	<p>Name of Employer Ewing & Thomas, Inc. Occupation Physical Therapist</p>	<p>Date (month, day, year) 03/11/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 400.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code Delores Thomas 5311 Grand Blvd New Port Richey, FL 34652</p>	<p>Name of Employer Ewing & Thomas, Inc. Occupation Physical Therapist</p>	<p>Date (month, day, year) 02/15/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 400.00</p>		
<p>F. Full Name, Mailing Address and ZIP Code Yoursalinda Vance 3 Watchwater Court Rockville, MD 20850-2743</p>	<p>Name of Employer Fannie Mae Occupation Vice President, Systems Dev</p>	<p>Date (month, day, year) 01/26/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,650.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1,650.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 1
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)

Thurman for Congress Committee C00254870

<p>A. Full Name, Mailing Address and ZIP Code Calotex Corporation-PAC PO Box 31602 Tampa, FL 33631-3602</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>01/28/2000</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code International Brotherhood of IBEW-COPE 1125 15th Street, NW Washington, DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>01/07/2000</p> <p>\$2,500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$2,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code National Committee to Preserve Social Security and Medicare PAC 10 G Street NE Suite 600 Washington, DC 20002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>03/11/2000</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Responsible Gov't Committee of Gulf Employees Inc 1 Energy Pl Pensacola, FL 32520</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>02/25/2000</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code The Orthopaedic PAC 317 Mass Avenue NE Suite 100 Washington, DC 20002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>03/29/2000</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code UNITE Campaign Committee 1710 Broadway New York, NY 10019</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>01/07/2000</p> <p>\$1,000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$7,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$7,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

Other Receipts

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 SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	Name of Employer Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period \$141.50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 451.90		
B. Full Name, Mailing Address and ZIP Code SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	Name of Employer Occupation	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period \$143.29
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 451.90		
C. Full Name, Mailing Address and ZIP Code SunTrust Bank, Nature Coast PO Box 156 West Inverness Office Brooksville, FL 34605	Name of Employer Occupation	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period \$167.01
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 451.90		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			\$451.90
TOTAL This Period (last page this line number only)			\$451.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
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
AT&T P.O. Box 91400 Orlando, FL 32891	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	\$89.98
B. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 91400 Orlando, FL 32891	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2000	\$88.68
C. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 91400 Orlando, FL 32891	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/2000	\$88.86
D. Full Name, Mailing Address and ZIP Code Mr. Bill K Brewster 601 13th Street, NW Suite 410 South Washington, DC 20005	fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/2000	\$250.00 * in-kind received
E. Full Name, Mailing Address and ZIP Code Dee Thomas 5711 Grand Blvd New Port Richey, FL 34652-6482	fundraiser expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/2000	\$2,278.76
F. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committ The Honorable Patrick Kennedy, Chairman 430 South Capitol Street, SE Washington, DC 20003	DCCC Dues Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$15,000.00
G. Full Name, Mailing Address and ZIP Code John Thurman 9067 SW 190th Avenue Rd. Dunnellon, FL 34432	travel reimburse Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/22/2000	\$748.00
H. Full Name, Mailing Address and ZIP Code Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	PO Box Fee Payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	\$114.00
I. Full Name, Mailing Address and ZIP Code Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/2000	\$10.90

SUBTOTAL of Disbursements This Page (optional)	\$18,668.94
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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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
Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	2 rolls stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	\$66.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	\$53.85
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2000	\$92.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Jacksonville GMC 320 1100 Kings Road Jacksonville, FL 32203-9998	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/01/2000	\$165.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southern Press 6825 N.W. 16th Drive Gainesville, FL 32653	printing charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	\$311.22
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Pederson Company Attn: Ellen Mazer 3610 38th Street, NW F270 Washington, DC 20018	consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/2000	\$8,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Pederson Company Attn: Ellen Mazer 3610 38th Street, NW F270 Washington, DC 20018	flowers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/2000	\$48.64
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Pederson Company Attn: Ellen Mazer 3610 38th Street, NW F270 Washington, DC 20018	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/04/2000	\$7.04
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Pederson Company Attn: Ellen Mazer 3610 38th Street, NW F270 Washington, DC 20018	consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$3,000.00

SUBTOTAL of Disbursements This Page (optional)

\$9,743.75

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 3 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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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
Williams, McCranie & Sutton, P.A. PO Box 426 Crystal River, FL 34423-0426	accounting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$2,173.99
Williams, McCranie & Sutton, P.A. PO Box 426 Crystal River, FL 34423-0426	accounting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/2000	\$491.51
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)	\$2,665.50
TOTAL This Period (last page this line number only)	\$31,078.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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
Linda Chapin for Congress PO Box 952 Orlando, FL 32802-0952	FL-08 contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	\$1,000.00
Mike Honda for Congress 5132 Bollinger Road San Jose, CA 95129	CA-15 Primary contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/2000	\$1,000.00
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)	\$2,000.00
TOTAL This Period (last page this line number only)	\$2,000.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) THURMAN FOR CONGRESS COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor WCJB TV PO Box 147020 Gainesville, FL 32614-7070	1,161.00	-0-	-0-	1,161.00
Nature of Debt (Purpose): Advertising				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1,161.00
2) TOTALS This Period (last page in this line only)				1,161.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				1,161.00

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
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4/13/00
<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>Raw</i> PREPARER	 4/17/00 DATE PREPARED