

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 20 10 19 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) JM Family Enterprises, Inc. PAC C00240911	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 100 NW 12th Avenue	2. FEC IDENTIFICATION NUMBER C00240911
CITY, STATE and ZIP CODE Deerfield Beach, FL 33442	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment?

☐ YES ☒ NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 1996		\$13,967.73
(b) Cash on Hand at Beginning of Reporting Period	\$	
(c) Total Receipts (from Line 10)	\$26,850.00	\$26,850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$35,317.73	\$40,817.73
7. Total Disbursements (from Line 30)	\$10,000.00	\$15,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$25,317.73	\$25,317.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
Paul Anderson

Signature of Treasurer

Paul Anderson

Date

7/12/96

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

FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

JM Family Enterprises, Inc. PAC C00240911

REPORT COVERING PERIOD

FROM 4/1/96

TO 6/30/96

I. Receipts

11. Contributions (other than loans) From:

a. Individual/Persons Other Than Political Committees

i. Itemized (use Schedule A)

ii. Unitemized

iii. Total (add i and ii) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a, b and c) >

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >

20. Total Federal Receipts (subtract line 18 from line 19) >

II. Disbursements

21. Operating Expenditures:

a. Shared Federal/Non-Federal Activity (from Schedule H4)

i. Federal Share

ii. Non-Federal Share

b. Other Federal Operating Expenditures

c. Total Operating Expenditures (add a i, a ii, and b) >

22. Transfers to Affiliated/Other Party Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures (use Schedule E)

25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

a. Individual/Persons Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contribution Refunds (add a, b and c) >

29. Other Disbursements non-federal candidates

30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >

31. Total Federal Disbursements (subtract line 21 a i from line 30) >

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)

33. Total Contribution Refunds (from line 28d)

34. Net Contributions (other than loans)(subtract line 33 from 32)

35. Total Federal Operating Expenditures (add 21 a i and 21 b) >

36. Offsets to Operating Expenditures (from line 15)

37. Net Operating Expenditures (subtract line 36 from 35) >

COLUMN A
Total This Period

COLUMN B
Calendar Year

26,750

26,750

100

100

26,850

26,850

26,850

26,850

26,850

26,850

26,850

26,850

8,000

12,500

2,000

3,000

10,000

15,500

10,000

15,500

-0-

-0-

-0-

-0-

-0-

-0-

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1 OF 4
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc.

PAC C00240911

4/1/96-6/30/96

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth M. Czubay 100 NW 12 Avenue Deerfield Beach, FL 33442	Southeast Tyoota Dist. Occupation V.P./Fleet Operations	4/9/96	750
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
Casey L. Gunnell 2240 NW 23rd Way Boca Raton, FL 33431	JM Family Enterprises, Inc. Occupation Exec. V.P. Chief Financial Officer	4/1/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
L. Wayne McClain 975 S.W. 21st Way Boca Raton, FL 33486	JM Family Enterprises, Inc. Occupation Exec. Vice President	4/1/96	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
James M. Moran P.O. Box 1160 Deerfield Beach, FL 33442	JM Family Enterprises, Inc. Occupation Chairman of the Board/President	4/2/96	5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
Janice M. Moran P.O. Box 1160 Deerfield Beach, FL 33442	JM Family Enterprises, Inc. Occupation Sr. Vice President	4/16/96	5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
Patricis G. Moran c/o JM Family 100 NW 12 Avenue Deerfield Beach, FL 33442	JM Family Enterprises, Inc. Occupation President	4/16/96	5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	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
David A. Reduzzi 4540 NW 24th Avenue Boca Raton, FL 33431	Jim Moran & Associates Occupation President	4/7/96	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

18,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 2 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc.

PAC C00240911

4/1/96-6/30 /96

A. Full Name, Mailing Address and ZIP Code Lawrence S. Rich 4450 NW 98th Avenue Coral Springs, FL 33065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer JM Family Enterprises, Inc. Occupation Chief Operating Off. Aggregate Year-to-Date > \$	Date (month, day, year) 4/1/96	Amount of Each Receipt this Period 1,000
B. Full Name, Mailing Address and ZIP Code Daryl P. Smith 6721 Yellowstone Ln Parkland, FL 33067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer World Omni Financial Corp. Occupation President, Exec. V.P./JMFE Aggregate Year-to-Date > \$	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period 500
C. Full Name, Mailing Address and ZIP Code Gary Lee Thomas 17325 SW 89 Court Miami, FL 33157 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer JM Family Enterprises, Inc. Occupation Exec. V.P. Human Resources Aggregate Year-to-Date > \$	Date (month, day, year) 4/4/96	Amount of Each Receipt this Period 500
D. Full Name, Mailing Address and ZIP Code John L. Williams, Jr. 100 NW 12 Avenue Deerfield Beach, FL 33442 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Southeast Toyota Dist. Occupation Exec. Vice President Aggregate Year-to-Date > \$	Date (month, day, year) 4/8/96	Amount of Each Receipt this Period 500
E. Full Name, Mailing Address and ZIP Code Gary R. Galligar 2910 W. Beaver Street Jacksonville, FL 32205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer JM Family Enterprises, Inc. Occupation V.P./Sales & Marketing Aggregate Year-to-Date > \$	Date (month, day, year) 6/17/96	Amount of Each Receipt this Period 500
F. Full Name, Mailing Address and ZIP Code Harvey J. Rumsfield 1100 S.E. 15th Avenue Deerfield Beach, FL 33441 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Southeast Toyota Dist. Occupation Sales Training Manager Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period 500
G. Full Name, Mailing Address and ZIP Code Darryl W. Head 8180 NW 51st Place Coral Springs, FL 33067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer JM Family Enterprises, Inc. Occupation Information Systems Director Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period 500

SUBTOTAL of Receipts This Page (optional)

4,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc.

PAC C00240911

4/1/96-6/30/96

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick W. Ritenour 13054 Biggin Church Rd. S. Jacksonville, FL 32224	Southeast Toyota Service		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Director, Parts/Sales	6/17/96	500
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
W. Gordon Freeman 1200 SW 19th Avenue Boca Raton, FL 33486	Jim Moran & Associates		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice Pres./Sales	6/12/96	500
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
Richard A. Roland 641 SW 15th Street Boca Raton, FL 33486	JM Family Enterprises, Inc.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice President	6/11/96	500
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
M. Steven Shannon 641B NW 99 Avenue Parkland, FL 33076	Southeast Toyota Service		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Development Manager	6/11/96	500
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
Wendy S. Smith 20794 Raindance Lane Boca Raton, FL 33428	Southeast Toyota Dist.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Director/Marketing	6/11/96	500
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
John J. Gabriel 6507 Timber Lane Boca Raton, FL 33433	Jim Moran & Associates		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Divisional Manager	6/15/96	500
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
Robert E. Arnett 4120 Prima Vista Cr. S. Jacksonville, FL 32217	Southeast Toyota Parts		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Group V.P.I. Parts & Service	6/14/96	500
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

3,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

JM Family Enterprises, Inc. PAC C00240911

4/1/96-6/30/96

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Ross M. Freeman 6504 NW 33 Avenue Boca Raton, FL 33496</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A</p>	<p>Name of Employer</p> <p>World Omni Financial Corp.</p> <p>Occupation V.P./Dealer Services S & M</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>6/14/96</p>	<p>Amount of Each Receipt this Period</p> <p>500</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Robert A. Moore P.O. Box 89 Commerce, GA 30529</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A</p>	<p>Name of Employer</p> <p>Southeast Toyota Port Processing</p> <p>Occupation Vehicle V.P./Processing</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>6/13/96</p>	<p>Amount of Each Receipt this Period</p> <p>500</p>
<p>C. 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>D. 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>E. 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>F. 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>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>

SUBTOTAL of Receipts This Page (optional)

1,000

TOTAL This Period (last page this line number only)

26,750

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

 PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc.

PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alcee Hastings Campaign 2701 W. Oakland Park Blvd, Suite 200 Oakland Park, FL 33311	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	500
B. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Comm. 430 S. Capitol Street, SE Washington, DC 20003	Membership Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/96	5,000
C. Full Name, Mailing Address and ZIP Code Robert Wexler for Congress 2500 No. Military Trail, Suite 288 Boca Raton, FL 33431	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	500
D. Full Name, Mailing Address and ZIP Code Mica for Congress - 1996 c/o Michael Sauls - John Dudinsky & 305 E. Capitol Street, SE Assoc. Washington, DC 20003	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/96	1,000
E. Full Name, Mailing Address and ZIP Code Helms for Senate - 1996 c/o Michael Sauls - John Dudinsky & 305 E. Capitol Street, SE Assoc. Washington, DC 20003	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/96	1,000
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)

8,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **2** OF **12**
FOR LINE NUMBER
29

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc.

PAC C00240911

A. Full Name, Mailing Address and ZIP Code Campaign to Re-elect Jim Black 114 S. Tyron Street Charlotte, NC 28202	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/23/96	Amount of Each Disbursement This Period 250
B. Full Name, Mailing Address and ZIP Code Majority 96 417 Lynderhill Lane Matthews, NC 28105	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/23/96	Amount of Each Disbursement This Period 250
C. Full Name, Mailing Address and ZIP Code Committee to Re-elect Richard Condor PO Box 1627 Rockingham, NC 28379	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/96	Amount of Each Disbursement This Period 500
D. Full Name, Mailing Address and ZIP Code Atty General Jeff Sessions Alabama State House Montgomery, AL 36130	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period 1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Political Contribution 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 Political Contribution 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 Political Contribution 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 Political Contribution 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 Political Contribution 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

TOTAL This Period (last page this line number only)

10,000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

☐ Hand Delivered

DATE OF RECEIPT

☐ First Class Mail

POSTMARKED

☒ Registered/Certified Mail

POSTMARKED

7-15-96

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House Office of Records
and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐ Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES
PREPARER

7-20-96
DATE PREPARED