

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -7 P 3:59

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Southeast Miss Inc. Political Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C00359984</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>P.O. Box 3790</i>		
CITY, STATE and ZIP CODE <i>Balleriew, FL 34421</i>		
3. <input 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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
 on 11/7/00 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>October 19th</i> through <i>December 4, 2000</i>		
6. (a) Cash on Hand January 1, 19...		\$ - 0 -
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,889.80	
(c) Total Receipts (from Line 19)	\$ 1,900.00	\$ 29,289.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(d) for Column B)	\$ 15,789.80	\$ 29,289.80
7. Total Disbursements (from Line 30)	\$ - 0 -	\$ 13,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,789.80	\$ 15,789.80
9. Debts and Obligations Owed TO 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 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	
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 <i>Charles Garrison</i>		Date
Signature of Treasurer <i>Charles Garrison</i>		<i>11/7/00</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.

FEC FORM 3X

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

(revised 1/1/81)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM

TO:

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year**

I. Receipts

11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (see Schedule A)	\$ 1,550.00	\$ 25,287.30
ii. Unitemized	350.00	4,082.30
iii. Total (add i and ii) >	1,900.00	\$ 29,289.60
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b, and c) >	\$ 1,900.00	\$ 29,289.60
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) >	1,900.00	29,289.60
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 1,900.00	\$ 29,289.60

H. 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, ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	\$ 13,500.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (see 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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	- 0 -	\$ 13,500.00
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	- 0 -	\$ 13,500.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	1,900.00	29,289.60
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 1,900.00	\$ 29,289.60
35. Total Federal Operating Expenditures (add 21 a, i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

Southeast Milk Inc. Political Action Committee

D. Full Name, Mailing Address and ZIP Code Marilyn A. Siverson 4141 SE 180th St. Summerfield, FL 32691		Name of Employer Hidden Hammock Dairy, Inc.	Date (month, day, year) 10/20/00	Amount of Each Receipt This Period 270.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Farmer	Aggregate Year-to-Date > \$ 270.00	
E. Full Name, Mailing Address and ZIP Code Lucinda L. Legg 3250 SW Boatramp Ave. Palm City, FL 34990		Name of Employer Turnpike Dairy	Date (month, day, year) 10/17/00	Amount of Each Receipt This Period 280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Farmer	Aggregate Year-to-Date > \$ 280.00	
F. Full Name, Mailing Address and ZIP Code Thomas N. Toms, II P. O. Box 41 Moore Haven, FL 33471		Name of Employer The Graham Farms	Date (month, day, year) 10/25/00	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):		Occupation Farmer	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

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)

\$1,550.00

TOTAL This Period (last page this line number only)

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/7/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	

J.A.W.
PREPARER

12/7/00
DATE PREPARED