

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) JM Family Enterprises, Inc. Political Action Committee	2. DATE 8/11/93
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 100 NW 12 Avenue, P.O. Box 1160	3. FEC IDENTIFICATION NUMBER 00240911
(c) City, State and ZIP Code Deerfield Beach, FL 33443	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
JM Family Enterprises, Inc.	100 NW 12 Avenue P.O. Box 1160 Deerfield Beach, FL 33443	Affiliated

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Casey L. Gunnell	100 NW 12 Avenue P.O. Box 1160 Deerfield Beach, FL 33443	Custodian of Records

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
H. Logan Pierson	100 NW 12 Avenue P.O. Box 1160 Deerfield Beach, FL 33443	Secretary/Treasurer
Lawrence S. Rich	Deerfield Beach, FL 33443	Asst. Secretary/Asst. Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Nations Bank	Miami, Florida #3601602814

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

TYPE OR PRINT NAME OF TREASURER H. Logan Pierson	SIGNATURE OF TREASURER 	DATE 1/20/95
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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MMR

PREPARER

2-1-95

DATE PREPARED