

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
AUG 9 2 10 PM '93

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>FIDELITY INSURANCE AGENCY, INC. PAC</b>		2. FEC IDENTIFICATION NUMBER <b>C00240911</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>800 FAIRWAYS DRIVE, SUITE 293</b>		
CITY, STATE and ZIP CODE <b>DEERFIELD BEACH FL 33442</b>		
		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

## 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

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

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>1/1/93</u> through <u>6/30/93</u>		
6.	(a) Cash on Hand January 1, 19 <u>93</u> .....		\$ 7,545.53
	(b) Cash on Hand at Beginning of Reporting Period .....	\$ 7,545.53	
	(c) Total Receipts (from Line 10) .....	\$ 36,950.00	\$ 36,950.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 44,495.53	\$ 44,495.53
7.	Total Disbursements (from Line 30) .....	\$ 8,200.00	\$ 8,200.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 36,295.53	\$ 36,295.53
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 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 <b>W M DONOHOE</b>			
Signature of Treasurer 		Date <b>7/30/93</b>	

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 1/1/91)

2 3 3 6 5 6 J I U S

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

(revised 1/1/91)

NAME OF COMMITTEE FIDELITY INSURANCE AGENCY, INC. PAC C00240911		REPORT COVERING PERIOD FROM 1/1/93 TO: 6/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
1.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A) .....	36,350	36,350
	ii. Unitemized .....	600	600
	ii. Total .....	36,950	36,950
	(add i and ii) >		
b.	Political Party Committees .....	-	-
c.	Other Political Committees (such as PACs) .....	-	-
d.	Total Contributions .....	36,950	36,950
	(add a ii, 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 .....	36,950	36,950
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20.	Total Federal Receipts .....	36,950	36,950
	(subtract line 18 from line 19) >		
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share .....		
	ii. Non-Federal Share .....		
b.	Other Federal Operating Expenditures .....	200	200
c.	Total Operating Expenditures .....	200	200
	(add a i, a ii, and b) >		
22.	Transfers to Affiliated/Other Party Committees .....		
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	8,000	8,000
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. Individuals/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 .....	8,200	8,200
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31.	Total Federal Disbursements .....	8,200	8,200
	(subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	36,950	36,950
33.	Total Contribution Refunds (from line 28d) .....		
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	36,950	36,950
35.	Total Federal Operating Expenditures .....	200	200
	(add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15) .....	-	-
37.	Net Operating Expenditures .....	36,750	36,750
	(subtract line 36 from 35) >		

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

Fidelity Insurance Agency, Inc. P.A.C. CD0240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Allen 1855 Colonial Dr. Coral Springs, Fl 33071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Jim Moran & Associates Occupation Director/ Product Development Aggregate Year-to-Date > \$ 500.00	5/26/93	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Robert Arnett 6347 Christopher Creek Road E. Jacksonville, Fl 32217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Parts Division Occupation Vice Pres./Gen. Manager Aggregate Year-to-Date > \$ 750.00	3/18/93	\$ 750.00
C. Full Name, Mailing Address and ZIP Code Thomas Blanton 1660 SW 72nd Ave. Plantation, Fl 33317 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	JM Family Enterprises, Inc. Occupation Corporate Tax Director Aggregate Year-to-Date > \$ 500.00	3/17/93	\$ 500.00
D. Full Name, Mailing Address and ZIP Code William Bolash 19153 SE Jupiter River Dr. Jupiter, Fl 33458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Jim Moran & Associates Occupation Asst. Vice Pres. Sales Aggregate Year-to-Date > \$ 500.00	4/30/93	\$ 500.00
E. Full Name, Mailing Address and ZIP Code - Colin W. Brown 1216 Spanish River Boca Raton, Fl 33432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	JM Family Enterprises, Inc. Occupation V.P. General Counsel Aggregate Year-to-Date > \$ 500.00	6/8/93	\$ 500.00
F. Full Name, Mailing Address and ZIP Code N.J. Catalano 10350 Stonebridge Blvd. Boca Raton, Fl 33498 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	World Omni Leasing Corp. Occupation Vice President Fleet & Equipment Aggregate Year-to-Date > \$ 500.00	5/27/93	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Patrick S. Colebank 20774 Eagle Creek Ct. Boca Raton, Fl 33428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	World Omni Financial Corporation Occupation V.P. Accounting Aggregate Year-to-Date > \$ 500.00	6/29/93	\$ 500.00

SUBTOTAL of Receipts This Page (optional) ..... \$3,750

TOTAL This Period (last page this line number only) .....

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

SCHEDULE A

ITEMIZED 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)

Fidelity Insurance Agency, Inc. P.A.C. C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Czubay 8140 NW 51 Place Coral Springs, FL 33067	Southeast Toyota Distributors, Inc.	4/4/93	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Group V.P./ Dealer Support Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Dahm 9945 Chelsea Lake Rd. Jacksonville, FL 32256	Southeast Toyota Parts Division	5/4/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Body Parts Marketing Manager Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D. Daugherty 10150 Bella Rive Rd. Jacksonville, FL 32256	Southeast Toyota Service Division	5/14/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Service Operations Mgr. Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Decker 1766 Pitch Pine Rd. Jacksonville, FL 32259	Carnett	4/30/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Group Manager Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.M. Donohoe 3110 Equestrian Dr. Boca Raton, FL 33434	JM Family Enterprises, Inc.	3/23/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation V.P./Gov't Relations Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Ellington 8772 Hampshire Gl. Dr. S. Jacksonville, FL 32256	Southeast Toyota Parts Division	4/30/93	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Parts Marketing Manager Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall Felice 4755 Berwin Ct. Palm Harbor, FL 34685	Southeast Toyota Distributors, Inc.	4/1/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation District Sales Manager Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... \$1,000.00

TOTAL This Period (last page this line number only) .....

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Florence 5188 Deerhurst Crescent Cir. Boca Raton, Fl 33486	JM Family Enterprises, Inc.	4/10/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhonda B. Gallaspy 2027 Woodlake Dr. Deerfield Beach, Fl 33442	JM Family Enterprises, Inc.	3/25/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation V.P. Human Relations	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Geiger 3105 Royal Troon Woodstock, GA 30188	Southeast Toyota Parts Division	3/22/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation District Parts Manager	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Givens P.O. Box 9539 Jacksonville, Fl 32208	Petro Chemical Products, Inc.	4/30/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice Pres./Gen. Manager	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Griffin 2282 Discovery Cir. Pompano Beach, Fl 33064	JM Family Enterprises, Inc.	5/10/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation General Manager	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Casey Gunnell 2240 NW 23rd Way Boca Raton, Fl 33431	JM Family Enterprises, Inc.	4/12/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Sr. Vice Pres./ Chief Financial Officer	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Hall 3769 Julington Creek Rd. Jacksonville, Fl 32223	Joyserve Company, LTD.	5/2/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice Pres./Gen. Manager	Aggregate Year-to-Date > \$ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$3,500.00
<b>TOTAL</b> This Period (last page this line number only)	

7  
5  
0  
3  
0  
3  
6  
J  
U  
/

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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)**

Fidelity Insurance Agency, Inc. P.A.C. 000240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Hall 14466 San Pablo Drive Jacksonville, FL 32224  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Carnett  Occupation: V.P./ Asst. Gen. Mgr. Aggregate Year-to-Date > \$ 500.00	4/14/93	\$ 500.00
Ashley Hill 109 Paces Run Atlanta, GA 30339  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc.  Occupation: District Sales Manager Aggregate Year-to-Date > \$ 500.00	4/2/93	\$ 500.00
Robert Hogan 2163 Quaker Landings Rd. Greensboro, NC 27405  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc.  Occupation: District Sales Manager Aggregate Year-to-Date > \$ 500.00	4/2/93	\$ 500.00
Michael Jackson 12677 Eagle Trach Blvd. N. Coral Springs, FL 33071  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc.  Occupation: Director of Sales Aggregate Year-to-Date > \$ 500.00	3/25/93	\$ 500.00
Richard Kelly 664 Hollows Cir. Deerfield Beach, FL 33442  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc.  Occupation: Advertising Manager Aggregate Year-to-Date > \$ 500.00	4/20/93	\$ 500.00
Richard Kilbride 12745 Burning Tree Jacksonville, FL 32223  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	World Cars, Inc.  Occupation: Vice Pres./Gen. Manager Aggregate Year-to-Date > \$ 500.00	3/25/93	\$ 500.00
George Kokinkas 11996 NW 2nd St. Coral Springs, FL 33071  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc.  Occupation: Director of Aviation Aggregate Year-to-Date > \$ 500.00	5/1/93	\$ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	<b>\$3,500.00</b>
<b>TOTAL</b> This Period (last page this line number only)	

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be 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)  
**Fidelity Insurance Agency, Inc. P.A.C C00240911**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Kordsmeier 1485 Brocton Lane E Mobile, AL 36695	World Omni Financial Corporation	5/21/93	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Director/ Client Services	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Kunnick 971 Dogwood Drive Delray Beach, FL 33483	Jim Moran & Associates	5/10/93	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Asst. V.P./ Promo & Incentives	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Lynch 149 Murray Vista Circle Lexington, SC 29072	Southeast Toyota Distributors, Inc.	4/1/93	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation District Sales Manager	Aggregate Year-to-Date > \$ 500.00	
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
Edward Machek 1831 Hawkcrest Dr. Jacksonville, FL 32223	Carnett	4/15/93	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation President	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Majcher 8187 Sabal Oak Ln. Jacksonville, FL 32256	Southeast Toyota Service Division	3/25/93	\$650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice Pres. of Service	Aggregate Year-to-Date > \$ 650.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra Mason 1401 NE 9th Street #64 Ft Lauderdale, FL 33443	JM Family Enterprises, Inc.	3/31/93	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Vice President Corporate Communications	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... \$2,650.00

TOTAL This Period (last page this line number only) .....

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 10 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)

Fidelity Insurance Agency, Inc. P.A.C. C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven May 5099 NW 84th Rd. Coral Springs, FL 33067	Southeast Toyota Distributors, Inc.	4/2/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Fleet Admin. Manager	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Wayne McClain 975 SW 21st Way Boca Raton, FL 33486	JM Family Enterprises, Inc.	3/21/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Exec. Vice President	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth McCoy 21119 Sweetwater Ln. N. Boca Raton, FL 33428	Southeast Toyota Distributors, Inc.	3/31/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Director of Fleet Sales	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Mobley 3264 Country Rd. 218 Middleburg, FL 32068	Southeast Toyota Service Division	4/12/93	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: District Parts Manager	Aggregate Year-to-Date > \$ 250.00	
E. 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.	4/15/93	\$ 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Chairman of the Board/President	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Moran, Jr. 4499 Woodfield Blvd. Boca Raton, FL 33434	JM Family Enterprises, Inc.	4/19/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia G. Moran 1003 Hillsboro Mile Hillsboro Beach, FL 33062	JM Family Enterprises, Inc.	3/24/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: President	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... \$7,750.00

TOTAL This Period (last page this line number only) .....

2303060110



**SCHEDULE A**

**ITEMIZED 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)**  
**Fidelity Insurance Agency, Inc. P.A.C. C00240911**

<b>A. Full Name, Mailing Address and ZIP Code</b> Michael F. Nixon 1888 Colonial Drive Coral Springs, Fl 33071		Name of Employer <b>World Omni Financial Corp.</b>	Date (month, day, year) 5/24/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>President</b>	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Richard A. Noland 641 SW 15th Street Boca Raton, Fl 33486		Name of Employer <b>JM family Enterprises, Inc.</b>	Date (month, day, year) 4/6/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Stephen Ozzello 8267 Riding Club Rd. E Jacksonville, Fl 32256		Name of Employer <b>Southeast Toyota Service Division</b>	Date (month, day, year) 3/30/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>Director of Service</b>	Aggregate Year-to-Date > \$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> M.W. Phillips 6569 Pondapple Rd. Boca Raton, Fl 33433		Name of Employer <b>World Omni Financial Corporation</b>	Date (month, day, year) 4/15/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> H.L. Pierson 220 SW 11 Place Boca Raton, Fl 33486		Name of Employer <b>Southeast Toyota Distributors, Inc.</b>	Date (month, day, year) 4/27/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>V.P. Fleet Operations</b>	Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> David Reduzzi 4540 NW 12th Ave. Boca Raton, Fl 33431		Name of Employer <b>Jim Moran &amp; Associates</b>	Date (month, day, year) 5/3/93	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>Exec. V.P./General Mgr.</b>	Aggregate Year-to-Date > \$ 1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Lawrence S. Rich 4450 NW 98th Ave. Coral Springs, Fl 33071		Name of Employer <b>JM Family Enterprises, Inc./Southeast Toyota</b>	Date (month, day, year) 3/17/93	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation <b>Exec. Vice President</b>	Aggregate Year-to-Date > \$ 500.00	

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$4,000.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

SCHEDULE A

ITEMIZED 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 committees.

NAME OF COMMITTEE (in Full)  
**Fidelity Insurance Agency, Inc. P.A.C. C00240911**

2  
1  
6  
3  
3  
3  
3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredrick W. Ritenour 1725 Eagle Trace Blvd. W. Coral Springs, FL 33071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Service Division Occupation: District Service Manager Aggregate Year-to-Date > \$ 500.00	3/25/93	\$ 500.00
Gerry Roche 14710 Plumosa Dr. Jacksonville, FL 32250 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Service Division Occupation: District Service Manager Aggregate Year-to-Date > \$ 500.00	3/22/93	\$ 500.00
Harvey Rumsfield 950 Hyacinth Dr. Delray Beach, FL 33483 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Distributors, Inc. Occupation: Sales Training Manager Aggregate Year-to-Date > \$ 500.00	3/22/93	\$ 500.00
M. Steven Shannon 8133 Bahia Blanca Jacksonville, FL 32256 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Service Division Occupation: Reg. Service & Body Shop Manager Aggregate Year-to-Date > \$ 500.00	3/29/93	\$ 500.00
Stephen Sikes 5072 NW 66 Dr. Coral Springs, FL 33067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Parts Division Occupation: District Parts Manager Aggregate Year-to-Date > \$ 700.00	3/26/93	\$ 700.00
George R. Shephard 12835 Ft. Caroline Rd. Jacksonville, FL 32225 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	Southeast Toyota Parts Division Occupation: Asst. General Manager Aggregate Year-to-Date > \$ 500.00	3/22/93	\$ 500.00
Andra Smith 902 SW 33 Place Boyton Beach, FL 33435 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A	JM Family Enterprises, Inc. Occupation: V.P. Corp. Accounting Aggregate Year-to-Date > \$ 1,000.00	4/06/93	\$ 1,000.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$4,200.00

**TOTAL** This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED 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)

Fidelity Insurance Agency, Inc. P.A.C. C00240911

2 5 0 3 0 0 6 J 1 3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Sreenan 4221 NE 23 Terrace Lighthouse Point, FL 33064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc. Occupation: Dir. of Marine Operations Aggregate Year-to-Date > \$ 500.00	4/30/93	\$ 500.00
Michael Stark 2591 NW 114 Avenue Coral Springs, FL 33065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc. Occupation: Production & Planning Manager Aggregate Year-to-Date > \$ 500.00	3/23/93 4/20/93 5/24/93	\$ 200.00 \$ 150.00 \$ 150.00
Clement A. Stromberg 23047 L'ermitage Cir. Boca Raton, FL 33433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Distributors, Inc. Occupation: Market Representation Mgr. Aggregate Year-to-Date > \$ 500.00	4/14/93	\$ 500.00
(Empty) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	(Empty) Occupation: Aggregate Year-to-Date > \$	(Empty)	(Empty)
George Uresk 4909 Linden Forest Ln. Charlotte, NC 28270 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Southeast Toyota Service Division Occupation: District Service Manager Aggregate Year-to-Date > \$ 500.00	4/25/93	\$ 500.00
L. Taylor Ward 6589 Pondapple Rd. Boca Raton, FL 33433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	JM Family Enterprises, Inc. Occupation: Senior Counsel Aggregate Year-to-Date > \$ 500.00	4/27/93	\$ 500.00
William H. Wettlaufer 11285 SW 1st Street Coral Springs, FL 33071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Fidelity Warranty Services, Inc. Occupation: Asst. Vice Pres. Vehicle Services Aggregate Year-to-Date > \$ 500.00	05/14/93	\$ 500.00

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 10  
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)

Fidelity Insurance Agency, Inc. P.A.C. C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Williams 17904 Field Brook Cir. NW Boca Raton, FL 33496	Southeast Toyota Distributors, Inc.	7/7/93	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <u>N/A</u>	Occupation Group V.P./ Asst. General Manager	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Wohlleb 7239 San Salvador Boca Raton, FL 33433	World Omni Financial Corporation	6/08/93	\$ 500.00
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)	\$1,000.00
TOTAL This Period (last page this line number only)	\$36,350.00

25033060114

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
FIDELITY INSURANCE AGENCY, INC. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONNIE MACK PO BOX 1835 TAMPA FL 33601	CONTRIBUTION TO CONNIE MACK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	1/21/93	\$ 400.00
B. Full Name, Mailing Address and ZIP Code PETER DEUTSCH FOR US CONGRESS 10100 PEMBROKE PINES BLVD PEMBROKE PINES FL 33025	CONTRIBUTION TO PETER DEUTSCH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	2/8/93	\$ 500.00
C. Full Name, Mailing Address and ZIP Code MITCHELL FOR SENATE COMMITTEE TRIPP SCOTT CONKLIN SMITH 119 TOWER 28TH FLOOR	CONTRIBUTION TO MITCHELL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	2/3/93	\$2,500.00
D. Full Name, Mailing Address and ZIP Code DEMOCRATIC SENATORIAL CAMPAIGN 430 S CAPITOL ST SE WASHINGTON DC 20003	CONTRIBUTION TO SENATORIAL CAMPAIGN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	3/15/93	\$1,000.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MACK PO BOX 1835 TAMPA FL 33601	CONTRIBUTION TO CONNIE MACK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	5/4/93	\$2,600.00
F. Full Name, Mailing Address and ZIP Code JIM CLYBURN GOVERNOR MCNAIR PO BOX 11390 COLUMBIA SC 29201	CONTRIBUTION TO JIM CLYBURN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL PURPOSE	6/29/93	\$1,000.00
G. Full Name, Mailing Address and ZIP Code JM FAMILY ENTERPRISES, INC. 100 NW 12 AVENUE DEERFIELD BEACH FL 33442	OPERATING EXPENDITURES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/9/93	\$ 100.00
H. Full Name, Mailing Address and ZIP Code JM FAMILY ENTERPRISES, INC. 100 NW 12 AVENUE DEERFIELD BEACH FL 33442	OPERATING EXPENDITURES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/93	\$ 100.00
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) ..... \$8,200.00

TOTAL This Period (last page this line number only) ..... \$8,200.00

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

*8-5-93*

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

*JAH*

PREPARER

*8-9-93*

DATE PREPARED

23038560116