

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AutoNation, Inc. Political Action Committee

ADDRESS (number and street) Check if different than previously reported
110 SE 6th Street, 20th Floor

CITY, STATE and ZIP CODE
Fort Lauderdale, Florida 33301

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

SEP 26 10 30 AM '00
FEC IDENTIFICATION NUMBER
CD0330514

1. 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 _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1. Covering Period <u>1/1/2000</u> through <u>3/31/2000</u>		
2. (a) Cash on Hand January 1, 2000 ²⁰		\$ 112,165.40
(b) Cash on Hand at Beginning of Reporting Period	\$ 112,165.40	
(c) Total Receipts (from Line 12)	\$ -0-	\$ -0-
(d) Subtotal (add Lines 2(b) and 2(c) for Column A and Lines 2(a) and 2(c) for Column B)	\$ 112,165.40	\$ 112,165.40
3. Total Disbursements (from Line 13)	\$ 10,000.00	\$ 10,000.00
4. Cash on Hand at Close of Reporting Period (subtract Line 3 from Line 2(d))	\$ 102,165.40	\$ 102,165.40
5. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
6. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

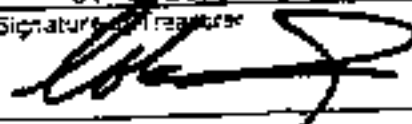
For further information contact:
Federal Election Commission
395 E Street, NW
Washington, DC 20540
Tel: Free 800-426-9530
Local 202-454-1100

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

C. Coleman Edmunds

Signature of Treasurer



Date

9/25/00

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 3X
(revised 3/99)

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

(revised 1/1/91)

NAME OF COMMITTEE AutoNation, Inc. Political Action Committee	REPORT COVERING PERIOD	
	FROM 1/1/00	TO: 3/31/00
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	-0-	-0-
i. Itemized (Use Schedule A)	-0-	-0-
ii. Unitemized	-0-	-0-
iii. Total (add i and ii) >	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) >	-0-	-0-
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	-0-	-0-
20. Total Federal Receipts (subtract line 18 from line 19) >	-0-	-0-
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	10,000.00	10,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made		
28. Refunds of Contributions To:	-0-	-0-
a. Individual/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	-0-	-0-
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	10,000.00	10,000.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from line 32)	10,000.00	10,000.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from line 35) >		

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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE B

ITEMIZED 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)

AutoNation, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This P
The Honorable William V. Roth, Jr. c/o Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Political Contribution US Senate, Delaware Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	1,000.00
The Honorable Alcee Hastings P.O. Box 9352 Ft. Lauderdale, FL 33310	Political Contribution House of Representatives District 23, Florida Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00	1,000.00
The Honorable Adam H. Putnam 4416 Florida National Drive Lakeland, FL 33813	Political Contribution House of Representatives District 12, Florida Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00	1,000.00
The Honorable John Ensign Ensign Campaign Office P.O. Box 265568 Las Vegas, NV 89126	Political Contribution US Senate, Nevada Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	1,000.00
Mike Ferguson for Congress P.O. Box 4205 Warren, NJ 07059	Political Contribution House of Representatives District 7, New Jersey Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	1,000.00
Governor George W. Bush Presidential Campaign 9200 South Dadeland Blvd. Suite 417A Miami, FL 33156	Political Contribution President Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

10,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9/26/00
<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	
 CF	 9/26/00
PREPARER	DATE PREPARED