



# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Association of Floral Importers of Florida Political Action Committee	FROM 7-1-94	TO 8-19-94
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	21,820.00	31,820.00
ii. Unitemized .....	180.00	180.00
iii. Total .....	22,000.00	32,000.00
..... (add i and ii) >		
b. Political Party Committees .....		
c. Other Political Committees (such as PADs) .....		
d. Total Contributions .....	22,000.00	32,000.00
..... (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.) .....	50.78	109.33
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....	22,050.78	32,109.33
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts .....	22,050.78	32,109.33
..... (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 .....	872.00	878.00
c. Total Operating Expenditures .....	872.00	878.00
..... (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	29,500.00	30,000.00
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 .....		
30. Total Disbursements .....	30,372.00	30,878.00
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements .....	30,372.00	30,878.00
..... (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d) .....	22,000.00	32,000.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	22,000.00	32,000.00
35. Total Federal Operating Expenditures .....	872.00	878.00
..... (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15) .....	0	0
37. Net Operating Expenditures .....	872.00	878.00
..... (subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) Association of Floral Importers of Florida Political Action Committee

94057123142

A. Full Name, Mailing Address and ZIP Code Marjorie Serralles 9180 W. Bay Harbor Dr., #5B Bay Harbor, FL. 33154		Name of Employer Southern Rainbow	Date (month, day, year) 7-7-94	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP Finance & Admin.	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code Chris Karamat 11990 S. W. 51st Street Cooper City, FL. 33330		Name of Employer Maxima Farms	Date (month, day, year) 7-7-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
C. Full Name, Mailing Address and ZIP Code Christian Knorr 624 Zamora Avenue Coral Gables, FL. 33134		Name of Employer A.G.A. Flowers	Date (month, day, year) 7-7-94	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code Richard Foster 14837 S. W. 42nd Lane Miami, FL. 33185		Name of Employer IFC Miami	Date (month, day, year) 7-7-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
E. Full Name, Mailing Address and ZIP Code Andrew Manton Zamora 520 Brickell Key Dr. #2012 Miami, FL. 33131		Name of Employer American Floral Exchange	Date (month, day, year) 7-7-94	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code Gabriel Becerra 5116 N. W. 106 Avenue Miami, FL. 33178		Name of Employer Golden Flowers	Date (month, day, year) 7-7-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
G. Full Name, Mailing Address and ZIP Code Maria E. Holguin 201 Crandon Blvd. Key Biscayne, FL. 33149		Name of Employer Self Employed (daughter of Pres. of member company)	Date (month, day, year) 7-7-94	Amount of Each Receipt this Period  \$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$1,500.00	

SUBTOTAL of Receipts This Page (optional) ..... \$7,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) **Association of Floral Importers of Florida Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norbert Delatorre 6911 W. Wedgewood Avenue Davie, FL. 33331-2948	Agriflora Corp.	7-7-94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Treasurer	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code Harry Coleman 5200 S. W. 127 Place Miami, FL. 33175	Gelco Intl.	7-7-94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code Alvaro Varela 2500 Granada Blvd. Coral Gables, FL. 33134	Agriflora Corp.	7-7-94	\$ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code Mario Varela 530 Campana Avenue Coral Gables, FL. 33156	Agriflora Corp.	7-7-94	\$ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Sec.	Aggregate Year-to-Date > \$ 750.00	
E. Full Name, Mailing Address and ZIP Code Catherine Anderson 8015 S. W. 107 Ave. #121 Miami, FL. 33173	Superior Florals	7-7-94	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Import Manager	Aggregate Year-to-Date > \$ 750.00	
F. Full Name, Mailing Address and ZIP Code James Andersen 4350 LaJolla Village Dr. San Diego, Ca. 92122	Superior Florals	7-7-94	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Controller	Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code Michael Lewitt 18960 N. W. 10th Street Miami, FL. 33029	Esprit Miami	7-7-94	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager	Aggregate Year-to-Date > \$300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4,300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 5  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Association of Floral Importers of Florida Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Christine Martindale 1541 Brickell Ave. #1202 Miami, FL. 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Esprit Miami</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$100.00</p>	<p>Date (month, day, year) 7-7-94</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Randy Hagler 1740 N. W. 88th Terrace Pembroke Pines, FL. 33024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Esprit Miami</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$150.00</p>	<p>Date (month, day, year) 7-7-94</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Guillermo Fernandez 5441 Banyan Dr. Miami, FL. 33156</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Continental Flowers</p> <p>Occupation V. President</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 7-11-94</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Eduardo Gaitan 201 Crandon Blvd. #1237 Miami, FL. 33149</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Floribal, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; 6 1,000.00</p>	<p>Date (month, day, year) 7-11-94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Colleen Taber 9050 Pines Blvd. Pembroke Pines, FL. 33024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gardens America</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$270.00</p>	<p>Date (month, day, year) 7-11-94</p>	<p>Amount of Each Receipt this Period \$270.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Gary Staton 10764 S. W. 51 Place Miami, FL. 33165</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Emerald Farms</p> <p>Occupation Sales Manager</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year) 7-14-94</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Armando Diaz-Paris 3625 N. Country Club Dr., #2501 Aventura, FL. 33180</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Emerald Farms</p> <p>Occupation General Manager</p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year) 7-14-94</p>	<p>Amount of Each Receipt this Period \$400.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>2,720.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) Association of Floral Importers of Florida  
Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Carol Prudhomme 12035 N. E. 2nd Avenue, A217 N. Miami, FL. 33161</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Emerald Farms</p> <p>Occupation Financial Manager</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year) 7-14-94</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Kathleen Lacey 7895 S. W. 76th Terrace Miami, FL. 33143</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sunburst Farms</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 7-14-94</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code L. James Teper 647 N. Greenway Drive Coral Gables, FL. 33134</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Continental Farms</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 7-15-94</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Gustavo Moreno 1040 Mariner Drive Key Biscayne, FL. 33149</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flower Trading</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 7-15-94</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Nora McDowell 11813 S. W. 95th Street Miami, FL. 33186</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flower Trading</p> <p>Occupation Controller</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 7-15-94</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Anthony Sarandes 810 S. W. 80th Street Ocala, FL. 34474</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Equiflor Corp.</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 7-22-94</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Alberto Fernandez 7944 N. W. 163 Terrace Miami, FL. 33016</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Continental Flowers</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 8-5-94</p>	<p>Amount of Each Receipt this Period \$500.00</p>

SUBTOTAL of Receipts This Page (optional) ..... \$6,800.00

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

2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5  
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NAME OF COMMITTEE (in Full) Association of Floral Importers of Florida  
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evelyn Macia P. O. Box 831807 Miami, Florida 33283	Riverdale Farms  Occupation President	7-14-94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Mike Felsher 9440 N. W. 12th Street Miami, FL. 33172	Riverdale Farms  Occupation Chairman	7-14-94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	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):	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):	Aggregate Year-to-Date > \$		

2 4 0 5 9 1 9 5 1 5 3

SUBTOTAL of Receipts This Page (optional) .....	500
TOTAL This Period (last page this line number only) .....	21,820

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full): Association of Floral Importers of Florida Political Action Committee

94039190154

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 S. Capitol St., SE Washington, D.C. 20003	Re-Election of Democratic Senators Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Connie Mack 1211 N. Westshore Blvd., #314 Tampa, FL. 33607	Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	2,500.00
C. Full Name, Mailing Address and ZIP Code Diaz-Balart for Congress 9737 N. W. 41 St., #131 Miami, FL. 33178	Re-Election Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	5,000.00
D. Full Name, Mailing Address and ZIP Code Ros-Lehtinen for Congress P. O. Box 52-2784 Miami, Florida 33152-2784	Re-Election Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	5,000.00
E. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P. O. Box 26778 Tamarac, FL. 33320	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P. O. Box 2188 Ft. Lauderdale, FL. 33303	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	2,500.00
G. Full Name, Mailing Address and ZIP Code Meek for Congress P. O. Box 016012 Miami FL. 33101-6012	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	2,500.00
H. Full Name, Mailing Address and ZIP Code Hastings for Congress P. O. Box 9352 Ft. Lauderdale, FL. 33310	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
I. Full Name, Mailing Address and ZIP Code Canady for Congress P. O. Box 6896 Lakeland, FL. 33807	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	25,500.00
TOTAL This Period (last page this line number only) .....	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)** Association of Floral Importers of Florida  
Political Action Committee

94039193150

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comm. to Re-Elect Harry Johnston, P. O. Box 36 Boynton Beach, FL. 33425	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
B. Full Name, Mailing Address and ZIP Code Thurman for Congress P. O. Box 5058 Inverness, FL. 34450-5058	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
C. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress P. O. Box 1077 Tarpon Springs, FL. 34688-1077	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
D. Full Name, Mailing Address and ZIP Code Durbin for Congress P. O. Box 1949 Springfield, IL. 62705	Re-Election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-94	1,000.00
E. 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
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) .....	4,000.00
TOTAL This Period (list page this line number only) .....	29,500.00

**Federal Election Commission  
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