

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Nov 19 2 10 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA  
POLITICAL ACTION COMMITTEE (AFIF PAC)**

ADDRESS (number and street)  Check if different than previously reported  
8725 N. W. 18th Terrace, Suite 106

CITY, STATE and ZIP CODE  
Miami, Florida 33172

2. FEC IDENTIFICATION NUMBER  
CO0173161

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

Satisfied criteria  
before 1-1-94

- (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		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7-1-95 through 12-31-95		
6. (a) Cash on Hand January 1, 1995			\$ 10,491.33
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,282.49	
(c) Total Receipts (from Line 1B)		\$ 23,475.14	\$ 23,603.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 31,757.63	\$ 34,095.13
7. Total Disbursements (from Line 3D)		\$ 9,185.20	\$ 11,522.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 22,572.43	\$ 22,572.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

For further information contact:  
Federal Election Commission  
889 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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  
L. James Teper, Treasurer

Signature of Treasurer  
*L. James Teper*

Date  
11-12-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 9/93)

FE4AN101

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
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)			
ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE (AFLIP PAC)			
A. Full Name, Mailing Address and ZIP Code Friends of Bob Graham 44 W. Flagler, #1715 Miami, FL. 33130	Purpose of Disbursement Contribution to 1996 Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-11-95	Amount of Each Disbursement This Period \$ 2,500.00
B. Full Name, Mailing Address and ZIP Code Diaz-Balart for Congress 9737 NW 41st Street #131 Miami, FL 33178	Purpose of Disbursement Contribution to 1996 Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-11-95	Amount of Each Disbursement This Period \$ 2,500.00
C. Full Name, Mailing Address and ZIP Code Ros-Lehtinen for Congress P.O. Box 52-2784 Miami, FL 33152	Purpose of Disbursement Contribution to 1996 campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-11-95	Amount of Each Disbursement This Period \$ 2,000.00
D. Full Name, Mailing Address and ZIP Code Carrie Meek for Congress P.O. Box 016012 Miami, FL 33101-6012	Purpose of Disbursement Contribution to 1996 Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-11-95	Amount of Each Disbursement This Period \$ 1,250.00
E. Full Name, Mailing Address and ZIP Code Thurman for Congress P.O. Box 5058 Inverness, FL 34450	Purpose of Disbursement Contribution to 1996 Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-11-95	Amount of Each Disbursement This Period \$ 500.00
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) ..... \$ 8,750.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA  
POLITICAL ACTION COMMITTEE (AFIF PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Prestige Bouquet 9450 N.W. 12th Street Miami, Fl. 33172	In-Kind Contribution for Peter Deutsch for Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Fundraiser (flowers)	7/21/95	\$ 342.48
Prestige Bouquet 9450 N.W. 12th Street Miami, Fl 33172	In-Kind Contribution for Ros-Lehtinen fund- Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) raiser (flowers)	10/4/95	\$ 92.72
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

\$ 435.20

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

\$ 9,185.20

**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

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*11-12-76*

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POSTMARKED

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 and Registration

DATE OF RECEIPT

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 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*Stb*

PREPARER

*11-20-91*

DATE PREPARED