

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 A 10:18

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
C00173161

3. 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
5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 1,709.01
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,719.51	
(c) Total Receipts (from Line 19)	\$ 9,253.08	\$ 9,263.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10,972.59	\$ 10,972.59
7. Total Disbursements (from Line 20)	\$ 0	\$ 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,972.59	\$ 10,972.59
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
699 E Street, NW
Washington, DC 20483
Toll Free 800-424-9630
Local 202-219-3429

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 JESPER

Signature of Treasurer 

Date
10-5-00

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 5/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Association of Floral Importers of Florida Political Action Committee		REPORT COVERING PERIOD	
		FROM	TO
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		9250	9250
i. Itemized (use Schedule A)			
ii. Unitemized			
ii. Total (add i and ii) >		9250	9250
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		9250	9250
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.)		3.08	13.58
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts (subtract line 18 from line 19) >		9253.08	9263.58
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			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		0	0
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 (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		0	0
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code Bill Fernandez 8175 NW 31 Street Miami, Fl 33122</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 > \$ 1000</p>	<p>Date (month, day, year) 7/11/00</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>B. Full Name, Mailing Address and ZIP Code Publio de la Rosa 2153 NW 86 Avenue Miami, Fl 33122</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Eden Floral Farms</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1500</p>	<p>Date (month, day, year) 7/11/00</p>	<p>Amount of Each Receipt this Period 1500</p>
<p>C. Full Name, Mailing Address and ZIP Code Gabriel Becerra 2750 NW 79 Avenue Miami, Fl 33122</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Golden Flowers</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 7/11/00</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Lin Watts 8725 NW 18 Terrace, Ste 106 Miami, Fl 33172</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Association of Floral Importers of Florida</p> <p>Occupation Executive VP</p> <p>Aggregate Year-to-Date > \$ 100</p>	<p>Date (month, day, year) 7/11/00</p>	<p>Amount of Each Receipt this Period 100</p>
<p>E. Full Name, Mailing Address and ZIP Code Sue Conyers 9450 NW 12 Street Miami, Fl 33172</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer World Flowers, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 750</p>	<p>Date (month, day, year) 7/11/00</p>	<p>Amount of Each Receipt this Period 750</p>
<p>F. Full Name, Mailing Address and ZIP Code Herbert Jordan 2750 NW 79 Avenue Miami, Fl 33122-1033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Queen's Flowers Corporation</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1500</p>	<p>Date (month, day, year) 7/28/00</p>	<p>Amount of Each Receipt this Period 1500</p>
<p>G. Full Name, Mailing Address and ZIP Code Javier Mendez-Ruiz PO Box 520868 Miami, Fl 33152</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gelco International</p> <p>Occupation Sales Manager</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 7/28/00</p>	<p>Amount of Each Receipt this Period 500</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6350</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
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
Nick Trujillo 4405 NW 97 Avenue Miami, FL 33178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Equiflor Corporation Occupation: President	7/28/00	1500
Aggregate Year-to-Date > \$ 1500			
B. Full Name, Mailing Address and ZIP Code Rene & Albertina Flores 1432 NW 82 Avenue Miami, FL 33126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Unique Flowers, Inc Occupation: VP Fin/Treas/Director	8/4/00	200
Aggregate Year-to-Date > \$ 200			
C. Full Name, Mailing Address and ZIP Code Connie Garcia 1432 NW 82 Avenue Miami, FL 33126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Unique Flowers, Inc Occupation: President	8/4/00	200
Aggregate Year-to-Date > \$ 200			
D. Full Name, Mailing Address and ZIP Code Mario Varela 9475 NW 13 Street Miami, FL 33172 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Agriflora Corp Occupation: Stockholder	8/4/00	1000
Aggregate Year-to-Date > \$ 1000			
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

2900

TOTAL This Period (last page this line number only)

9250

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10/23/00</i>
<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	

LAR
PREPARER

10/26/00
DATE PREPARED