

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2001 JUL 31 A 10:47

Office Use Only

1. NAME OF COMMITTEE (in full) **ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**  
 USE FEC MAILING LABEL OR TYPE OR PRINT  **12FE4M5**  
 Example: If typing, type over the lines.

ADDRESS (number and street) **8725 N.W. 18th TERRACE**  
**SUITE 106**  
 Check if different than previously reported. (ACC) **MIAMI** **FL** **33172**

2. FEC IDENTIFICATION NUMBER  **00173161** CITY STATE ZIP CODE  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

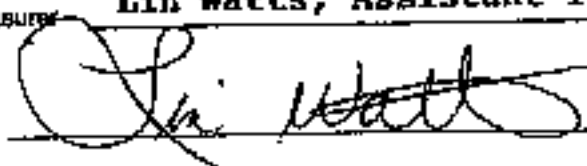
Election on [ ] / [ ] / [ ] In the State of [ ]

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [ ] / [ ] / [ ] In the State of [ ]

5. Covering Period **01** / **01** / **2001** through **06** / **30** / **2001**

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 **Lin Watts, Assistant Treasurer**  
 Signature of Treasurer  Date **07** / **27** / **2001**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>		<input type="text" value="12,502.17"/>
(b) Cash on Hand at Beginning of Reporting Period .....	<input type="text" value="12,502.17"/>	
(c) Total Receipts (from Line 10) .....	<input type="text" value="3,522.15"/>	<input type="text" value="3,522.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="16,024.32"/>	<input type="text" value="16,024.32"/>
7. Total Disbursements (from Line 30) .....	<input type="text" value="5,500.00"/>	<input type="text" value="5,500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="10,524.32"/>	<input type="text" value="10,524.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	

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

**For further information contact:**

Federal Election Commission  
990 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:    To:

I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3,500.00	
(ii) Unitemized .....	00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3,500.00	3,500.00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) .....	3,500.00	3,500.00
12. Transfers From Affiliated/Other Party Committees .....	00	00
13. All Loans Received .....	00	00
14. Loan Repayments Received .....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	22.15	22.15
18. Transfers from Nonfederal Account for Joint Activity .....	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	3,522.15	3,522.15
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	3,522.15	3,522.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	00	00
(ii) Non-Federal Share .....	00	00
(b) Other Federal Operating Expenditures .....	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	00
22. Transfers to Affiliated/Other Party Committees .....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	5,500.00	5,500.00
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	00	00
26. Loan Repayments Made .....	00	00
27. Loans Made .....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	00	00
29. Other Disbursements .....	00	00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	5,500.00	5,500.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	5,500.00	5,500.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3,500.00	3,500.00
33. Total Contribution Refunds (from Line 28(d)) .....	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	3,500.00	3,500.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	00	00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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**

Full Name (Last, First, Middle Initial) <b>A. JORDAN, HERBERT</b>		Date of Receipt <b>04 / 23 / 2001</b>
Mailing Address <b>2750 N.W. 79th AVENUE</b>		Amount of Each Receipt this Period <b>1,500.00</b>
City <b>MIAMI</b>	State Zip Code <b>FL 33122</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>1,500.00</b>
Name of Employer <b>THE QUEEN'S FLOWERS</b>	Occupation <b>PRESIDENT</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. VARELA, MARIO</b>		Date of Receipt <b>04 / 23 / 2001</b>
Mailing Address <b>9475 N.W. 13th Street</b>		Amount of Each Receipt this Period <b>1,500.00</b>
City <b>MIAMI</b>	State Zip Code <b>FL 33172</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>1,500.00</b>
Name of Employer <b>AGRIFLORA CORPORATION</b>	Occupation <b>CORPORATE SECRETARY</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. GERBER, WALTER</b>		Date of Receipt <b>06 / 12 / 2001</b>
Mailing Address <b>1760 N.W. 96th AVENUE</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>MIAMI</b>	State Zip Code <b>FL 33172</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>FRESCA FARMS</b>	Occupation <b>CONTROLLER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
<b>FRIENDS OF CLAY SHAW</b>		04 / 04 / 2001	
Mailing Address <b>P.O. BOX 2188</b>		Amount of Each Disbursement This Period	
City State Zip Code <b>FORT LAUDERDALE FL 33303</b>		2,500.00	
Purpose of Disbursement <b>RE-ELECTION</b>		011	
Candidate Name <b>E. CLAY SHAW</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>22</b>			

<b>B.</b>		Date of Disbursement	
<b>CARRIE P. MEEK FOR CONGRESS</b>		04 / 10 / 2001	
Mailing Address <b>1324 MARYLAND AVENUE</b>		Amount of Each Disbursement This Period	
City State Zip Code <b>WASHINGTON DC 20002</b>		1,000.00	
Purpose of Disbursement <b>RE-ELECTION</b>		011	
Candidate Name <b>CARRIE P. MEEK</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>17</b>			

<b>C.</b>		Date of Disbursement	
<b>PETER DEUTSCH FOR CONGRESS</b>		04 / 10 / 2001	
Mailing Address <b>P.O. BOX #17689</b>		Amount of Each Disbursement This Period	
City State Zip Code <b>HOLLYWOOD FL 33081</b>		2,500.00	
Purpose of Disbursement <b>RE-ELECTION</b>		011	
Candidate Name <b>PETER DEUTSCH</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>20</b>			

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

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

<b>6,000.00</b>
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (in Full)

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
<b>ROS-LEHTINEN FOR CONGRESS</b>		04 / 10 / 2001	
Mailing Address <b>4451 BROOKFIELD CORPORATE DRIVE, SUITE 200</b>		Amount of Each Disbursement this Period	
City State Zip Code <b>CHANTILLY VA 20151</b>		500.00	
Purpose of Disbursement <b>RE-ELECTION</b>		Category/Type <b>011</b>	
Candidate Name <b>ILEANA ROS-LEHTINEN</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>18</b>			

<b>B.</b>		Date of Disbursement	
<b>HASTINGS FOR CONGRESS</b>		04 / 10 / 2001	
Mailing Address <b>P.O. BOX 9352</b>		Amount of Each Disbursement this Period	
City State Zip Code <b>PORT LAUDERDALE FL 33310</b>		1000.00	
Purpose of Disbursement <b>RE-ELECTION</b>		Category/Type <b>011</b>	
Candidate Name <b>ALCEE L. HASTINGS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>23</b>			

<b>C.</b>		Date of Disbursement	
<b>WEXLER FOR CONGRESS</b>		04 / 10 / 2001	
Mailing Address <b>227 MASSACHUSETTS AVENUE, NE, SUITE 101</b>		Amount of Each Disbursement this Period	
City State Zip Code <b>WASHINGTON DC 20002</b>		500.00	
Purpose of Disbursement <b>RE-ELECTION</b>		Category/Type <b>011</b>	
Candidate Name <b>ROBERT WEXLER</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>FL</b> District: <b>19</b>			

SUBTOTAL of Disbursements This Page (optional) ▶

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

2,000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)			PAGE 8 OF 8					
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DIAZ-BALART FOR CONGRESS**

Mailing Address  
**9737 N.W. 41st Street, SUITE # 131**

City **MIAMI** State **FL** Zip Code **33178**

Purpose of Disbursement  
**RE-ELECTION**

Candidate Name  
**LINCOLN DIAZ-BALART**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **FL** District: **21**

Date of Disbursement  
**09 / 29 / 1999**

Amount of Each Disbursement this Period  
**(2,500.00)**  
(check not cashed)

Category/Type  
**011**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **(2,500.00)**

TOTAL This Period (last page this line number only) ..... ▶ **5,500.00**



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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-27-01
<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	
 <i>JK</i> PREPARER	 7-31-01 DATE PREPARED